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**Rhetoric & reality: the theoretical basis of
work-based learning and the lived experience
of the Foundation degree student.**

By

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*A thesis submitted in partial fulfilment of the degree of
Doctor of Education (EdD) in the Centre for Research in
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Abstract

This hermeneutic phenomenological study has sought to uncover the lived experience of work-based learners and their workplace mentors. Eight workplace mentors (all registered nurses) and eleven former Foundation degree students agreed to be interviewed. The research sought to identify whether a mismatch exists between theories of work-based learning as described by educationalists and theorists; compared with how it is actually experienced by a group of work-based learners and their workplace mentors. The former students had all been healthcare assistants (HCAs) working in acute clinical settings and employed within a large NHS hospital. All had completed a two year Foundation degree in Health and Social Care (FdSc) course in preparation to become assistant practitioners (AP). The start of their studies was characterised by managing conflict, establishing an identity as a learner in their own right and making sense of the assistant practitioner role, whilst their concluding lived experience was characterised by becoming an assistant practitioner, receiving recognition from peers in addition to feeling the need to prove the validity of their AP role. Being a novice or an apprentice was not the experience of former Foundation degree student participants. Four models of work-based learning were compared against the lived experiences of participants. While all four models capture the profoundly social nature of work-based learning, none of the models captured the challenge faced by Foundation degree student participants in making the transition from being a healthcare assistant and becoming a work-based learner, to becoming an assistant practitioner. This finding was particularly significant to the lived experience of all participants in this study as the assistant practitioner role was completely new to workplace mentors, their departments and the NHS hospital Trust in which the research was undertaken.

Key words: Hermeneutic phenomenology, work-based learning, mentoring, Foundation degree, assistant practitioners.

Chapter 1: Prologue

Introduction

This thesis presents findings from a study into the lived experience of a group of eleven healthcare assistants who were all employed on busy acute hospital wards in a large NHS hospital Trust in the English Midlands. The participants of this study had all enrolled on the adult pathway (see appendix 1) of a Foundation degree (Fd) in Health & Social Care; a two year diploma level award in order to prepare experienced healthcare assistants (HCA) to become assistant practitioners (AP). The programme is delivered over 52 weeks of the year with students receiving one university study day per week for formal teaching or self-directed study (see appendix 2). The trainee assistant practitioners who participated in this study undertook their studies via work-based learning and were supported by a workplace mentor and an assessor. Eight workplace mentors (all registered nurses) also participated in this study.

This first chapter will include a discussion of the background to my study, the context of my professional role and practice and an explanation of the structure of the thesis.

1.1 Background to study

I am employed as a Senior Lecturer in Health & Social Care and support Foundation degree students employed as healthcare assistants, support workers and key workers in a wide range of clinical and therapeutic areas in the National Health Service (NHS) and other health and social care organisations.

In 2005 the Foundation degree programme team were awarded a grant from the Curriculum Innovation Fund (CIF) by the Faculty of Health at my employing university. The purpose of the grant was to determine the

theoretical basis of work-based learning relating to the delivery of Foundation degrees, and enabled the Foundation degree programme team to subscribe to educational journals, attend relevant conferences and purchase key texts related to the pedagogy of work-based and workplace learning. Shortly after the awarding of the CIF grant I was asked to take over the delivery of a training programme for workplace mentors and assessors who support our Foundation degree students in relation to their work-based learning. The role of workplace mentors and assessors involves assisting Foundation degree students in the completion of activities contained within their module workbooks, pastoral support and the completion of practice-based formative and summative assessments. The CIF grant coupled with my additional responsibility for mentor and assessor training prompted me to consider undertaking doctoral study in order to deepen my knowledge of the theoretical basis and delivery of Foundation degrees through work-based learning.

In 2009 the Foundation degree programme was re-approved, which led to a complete redesign of the entire programme including the creation of new modules and a suite of new study pathways. I now lead the long term conditions pathway. As a personal tutor I am required to provide pastoral support that involves visiting Foundation degree students in their workplace, meeting their workplace mentors and assessors; and liaising with ward and department managers, hospital-based educational facilitators and trainers. Therefore, I have become aware of a range of challenges that face healthcare assistants entering and adjusting to higher education. These include the difficulties that students sometimes experience in understanding what it means to be a work-based learner; the challenges that workplace mentors face in juggling their responsibilities in support of a range of different learners; a lack of awareness of work-based learning and the purpose of Foundation degrees; and a lack of awareness and understanding relating to the new paraprofessional role of the assistant practitioner.

Therefore, the driver for this research relates to the mismatch between how work-based learning is described and conceptualised (by educationalists, educational developers and theorists), and what it actually is; or at least how it is actually experienced by a small group of work-based learners. Although the CIF grant enabled me to read different theoretical perspectives of work-based learning, I began to wonder whether some of my reading was mere rhetoric compared to the reality that confronted my personal students.

1.2 Structure of the Thesis

The next chapter will present a literature review exploring the work of philosophers, social scientists, psychologists and educationalists who have sought to make sense of culture, society, education and the individual. The nature of work-based learning will be explored in detail and include an analysis of a range of empirical studies in addition to a consideration of mentoring and mentorship in nursing settings. Chapter 2 will end with a discussion of four models of work-based learning and include a rhetorical analysis of their key features. My chosen methodology, hermeneutic phenomenology, will be introduced and discussed in chapter 3 whereas the research design for the study presented in this thesis will be discussed at length in chapter 4. Chapter 5 and 6 present the findings from interviews with workplace mentor participants and interviews undertaken with former Foundation degree student participants. The elements and themes generated from the study findings presented in chapters 5 and 6 will be discussed in chapter 7 in order to consider the rhetoric and reality of the four models of work-based learning introduced in chapter 2. Finally, chapter 8 will provide a summary of this thesis and a range of conclusions arising from this research study.

Chapter 2: Literature review

Introduction

In this chapter I will present my review of the literature that has formulated my main research question which is:

How does the lived experience of Foundation degree student participants compare with the theoretical basis of work-based learning?

And determined my three sub-research questions:

1. How do former Foundation degree student participants believe they developed the knowledge to become assistant practitioners?
2. How do workplace mentor participants support Foundation degree students' learning?
3. What interprofessional factors do former Foundation degree student participants believe determine their work-based learning?

A literature search was undertaken using electronic searching programmes (e.g. EduAthens, the British Educational Research Index, Athens, Cinahl,) and Zetoc (a journal content alert service) that identified research that is commensurate with the focus of my study. The key words and terms used to search educational journals included work-based learners, work-based learning (and work based learning), workplace learning; in addition to Boolean searching using combinations of key words such as work-based learning & health, work-based learning & nursing and coaching & mentoring. The key words used to search nursing and allied health professional journals included healthcare assistant (and health care assistant), assistant practitioner, support worker, nursing assistants, mentoring, mentorship and nurse mentoring. Using Zetoc I used the same key words to alert me to studies published in twenty leading education, training and development journals published in the United Kingdom, North America and Australia, and

received, on average, at least five alerts per week throughout the duration of my study. Reading a range of published studies into work-based learning enabled me to identify the dominant models of work-based learning which in turn led me to explore the philosophical origins of the theoretical basis of work-based learning as a distinct pedagogy.

A diagram representing the iterative process completed during my literature review that led to the formation of each research question can be found in appendix 3.

The structure of this chapter is influenced by the focus of my main research question - how does the lived experience of Foundation degree student participants compare with the theoretical basis of work-based learning? The literature relating to work-based learners will be presented prior to a discussion of the broader theoretical perspectives of work-based learning. The chapter will start with a discussion of the role of the healthcare assistant (HCA) and the new paraprofessional role of the assistant practitioner that the HCAs in this study hoped to become following the completion of their Foundation degree studies. The nature of knowledge will be explored in the context of notions of competence prior to a discussion of intelligence and learning through activity. This discussion will serve as a backdrop to the introduction of my first research sub-question concerned with how former Foundation degree student participants believe they developed the knowledge to become assistant practitioners.

The literature on mentors and mentoring in nursing will then be explored as Foundation degree students are required to be supported in their studies with a workplace mentor and assessor. This discussion will introduce my second research sub-question relating to how workplace mentor participants support Foundation degree students' learning.

The nature of social learning and communicative action will be discussed in the context of interprofessional working which has come to dominate contemporary health and social care practice. In addition to an exploration of work-based learning in the context of the workplace, this discussion will introduce my third research sub-question concerned with the interprofessional factors that former Foundation degree student participants believe determine their work-based learning.

Finally, I will explore the nature of work-based learning with reference to the rather limited evidence that has been published with regard to the lived experiences of work-based learners. The literature relating to work-based and workplace learning has been divided into 'work-based learning in context' and 'work-based learners in context'; and reflects the field of published studies in this area which tends to focus either on learning within specific organisations in terms of culture and environment, or the experiences and impact of learning on workers. Four models of work-based learning will be presented that represent sociocultural and social constructivist, organisational and managerial perspectives; a hybridised model and comprehensive model of work-based learning.

2.1 Healthcare Assistants

Healthcare assistants are said to be greatly valued by nurses and patients. One recent study suggested that patients often find it easier to relate to HCAs than nurses and observed that the development of the role has been characterised by the taking on of traditional routine tasks from registered nurses. Consequently, HCAs deliver most of the direct care (Kessler et al, 2010). One implication of this development is that nursing students perceive hands-on nursing care to be of less importance compared with the tasks that registered nurses are engaged in such as the administration of medication, communicating with members of the multidisciplinary team, teaching and supervisory management. Consequently, this division of labour between

HCAAs and registered nurses is said to be observed by nursing students who develop a skewed perception of what constitutes nursing (Allan & Smith, 2009). The assistant practitioner role has been created to enable healthcare assistants employed on bands 2 and 3 (for non-registered healthcare support staff), who may have decided not to become a registered nurse, therapist or radiographer (band 5 and above), to become upskilled into a role that sits at band 4 on the NHS Agenda for Change pay scale.

2.1.2 Assistant Practitioners

In the UK, the assistant practitioner role (AP) has been developed to address gaps within the nursing workforce of the National Health Service and to free up registered nurses to expand their roles. An assistant practitioner is defined as:

‘...a worker who competently delivers health and social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. The AP would be able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals. The assistant practitioner may transcend professional boundaries. They are accountable to themselves, their employer, and, more importantly, the people they serve’ (Skills for Health, pg. 2, 2009).

This definition acknowledges that it is the possession of the appropriate level of knowledge and skill that is necessary to become an AP, rather than previous or actual employment as a HCA or support worker, while clinical work is regarded as the vehicle for interprofessional working. An AP would transcend professional boundaries by drawing on a level of expertise that would enable the practitioner to work between professional groupings, such as occupational therapists, physiotherapists and social workers rather than remaining within one clinical domain such as nursing. Dreyfus & Dreyfus

(1986) described five stages of expertise based on increasing knowledge and skill development. These include being a novice, an advanced beginner and becoming competent (stages 1-3); to gaining proficiency and becoming an expert (stages 4 & 5). It could be argued that stage 3 of the Dreyfus & Dreyfus model captures the level of practice of the AP role in the sense that competent practice is conceptualised when a learner can recognise 'a situation [that] has a particular constellation of...elements [where] a certain conclusion should be drawn, decision made, or expectation investigated' (Dreyfus & Dreyfus, pg. 24, 1986). The requirement of the AP to work under the supervision of registered professionals is implicit through the delegation of work from the remit of the registered professional to the AP. The justification for the assertion of supervised delegation is made clear in the final sentence of the definition of the AP role provided by the sector skills council, Skills for Health (2009), where the level of professional accountability (of the registered professional) is contrasted to the AP who although not accountable to a professional body (such as the Nursing and Midwifery Council) is accountable to their employer and the public.

It is predicted that the future registered nursing workforce will shrink requiring APs to be employed to maintain quality of care (NHS Employers, 2009). The future workforce challenges include an international shortage of nursing staff, an expected shortfall of trained nurses due to retirement and a reduction in the number of places on pre-registration undergraduate programmes commissioned by English strategic health authorities as nursing becomes an all graduate profession.

While APs are expected to have a level of knowledge beyond that of the traditional healthcare assistant, a lack of clarity regarding APs scope of practice has been raised as a particular concern (Wakefield, et al, 2010). In addition, some confusion regarding the nature of the role has been identified because it sits between 'assistant' and 'practitioner' and is therefore, yet to

meet its full potential (Spilsbury et al, 2009). A small amount of evidence has been published that focuses on the introduction of new assistant practitioner roles in the NHS based on interviews with students who have assumed this or similar roles as a result of undertaking a Foundation degree. Benson & Smith's (2006) study focussed on organisational issues related to the introduction of training for assistant practitioner roles and included working in partnership with healthcare providers and securing, amongst other things, placements for trainees. Aside from the AP role a range of extended and expanded support worker roles can be found in critical care and operating theatres (Brown et al, 2006), mental health (Warne & McAndrew, 2004), radiography (Colthart et al, 2010), end of life care (de Caestecker, 2008), rehabilitation (Galloway & Smith, 2005) and occupational therapy (Nancarrow & Mackey, 2005). However, studies relating to the long-term clinical effectiveness, quality and added value of the role of the assistant practitioner are yet to be conducted.

The next section will discuss the nature of knowledge in the context of Foundation degrees and will start with a brief consideration of national vocational qualifications and competence. Knowledge, knowing and intelligence will be discussed in relation to activity in order to introduce my first research sub-question that is concerned with how former Foundation degree student participants believe they developed the knowledge to become assistant practitioners.

2.2 Competence and knowledge in professional practice

One of the entry requirements for the Foundation degree (Fd) at my employing university is that applicants must be in possession of a National Vocational Qualification (NVQ) level 3 in health and social care. A key difference between the nature of work-based learning on Fd programmes as opposed to National Vocational Qualifications (NVQs), which have been the most commonest workplace award provided for HCAs, lies in the assessment

of competence. The emphasis within Foundation degree programmes requires competence to be assessed in terms of safety, effectiveness and efficiency, but also 'sound knowledge'. This is in contrast to the check list or tick box measurement of an individual's performance that characterises NVQ assessment. Hunt and Evans (1994, pg. 182) argued that 'the development of HCAs is very much tied up with the [then] proliferation of NVQs '... [leading to] a kind of 'semi-professionalisation' of support staff following in the wake of the professionalisation of nursing'. The authors suggested this development might enhance nursing and benefit patients, but could create a distance between nurses and their patients as a large non-professional workforce struggled with new tasks and procedures (pg. 195). However, criticism came to be levelled at the use of NVQs in terms of the legitimacy of competency based education and training in services characterised by their interprofessional nature. Hyland (1997) argued that a competency approach reduced professional knowledge and skills in comparison to models of learning that stress the value of reflective practice in enabling healthcare workers to explore inter and intra-professional relationships using a higher level of ethical and moral understanding (pages 147-149). Therefore, the need to assess underpinning knowledge within the context of an interprofessional setting distinguishes the Foundation degree from a training programme. It recognises that although a trainee assistant practitioner may have 'know how'; they lack the 'know what' or theoretical knowledge that Eraut (2004) argues is a feature of vocational and professional education.

The nature of knowledge has been studied by educationalists, organisational developers and developmental psychologists in order to contrast knowledge within formal and informal learning environments, professional settings and the need to recognise different forms of intelligence and their interrelationship. Gibbons (1994) describes two types of knowledge - mode 1 and mode 2. Mode 1 knowledge is discipline orientated and is typically to be found within higher education institutions, whereas mode 2 knowledge is

socially distributed and associated with the workplace and other organisations. Therefore, mode 2 knowledge utilises methods that may not be regarded as legitimate in comparison to traditional university methodologies but its value is measured against the demands (whether economic or service driven) of the workplace. Mode 2 knowledge appears to be distinct from codified knowledge which Eraut (2000) refers to as public (as opposed to personal knowledge) and is propositional in that it determines skilled behaviour. Edwards et al (2004) argues that this attempt at theorizing knowledge enables academics to reappropriate non-codified or 'working knowledge' at a time when universities have ceased to be regarded as primary producers of knowledge. Gonczi (2004) argues that the traditional view of what is thought to make someone competent (knowledge) should also be based upon instinctive and intuitive aspects, rather than merely 'objects stored in the mind' and concludes that professional education situated within the workplace is equal to that of the university in the sense of the production of valid knowledge. Gonczi is not arguing that knowledge and competence are the same, but argues that the assessment of competence needs to be extended to how an individual manages the nature of complexity, change and uncertainty within working environments that require instinctive and intuitive responses from employees. Such a perspective echoes debates within contemporary developmental psychology relating to the nature of intelligence and a move away from single methodologies such as the intelligence quotient (I.Q) test to explore levels of intelligence in specific groups of people. For example, Gardner (1993) developed a theory of multiple intelligences that includes the linguistic, logical-mathematic, spatial, musical, bodily-kinaesthetic, interpersonal, intrapersonal and naturalistic. He argues that intelligence is not unitary and that each of the eight intelligences are independent but can interact. However, Gardner (1993) does not discuss how intelligences are applied with regard to praxis where knowledge is acquired within a field of practice or how practitioners use their knowledge through decision-making and judgement. It could be argued that his theory has a

somewhat limited application to learning within clinical areas where intuitive or subconscious reasoning has been recognised as underpinning the decision-making of experienced healthcare professionals (Higgs & Jones, 2000). One hermeneutic phenomenological study by Ajjawi (2006) into the clinical reasoning of twelve physiotherapists, suggested that learning to reason occurs when experiential learning is facilitated within a community of practice where reflection on clinical incidents is embedded in practice. Gardner's primary focus on multiple approaches to understanding has had its greatest application in secondary education (Gardner, 2009) rather than in areas of professional practice characterised by the complexity and uncertainty that is illustrated in the findings of Ajjawi's (2006) study.

While knowledge and competence are significant aspects of professional practice, learning and the nature of education is also determined by specific cultural factors determined by and within communities. The activity theorist Engeström (2001) built on the work of the Russian cultural and historical theorists such as Luria (1994) and Vygotsky (1978) and the American educationalist John Dewey (1958) to develop activity theory to understand the nature of learning as it occurs in workplace activities. Engeström (2010) sought to explore the nature of learning through activity by identifying the 'subject' or persons of learning, what is learnt and why and how learners learn through activity. In Engeström's activity theory the role of the teacher is contextualised by the community in which learning occurs and the parameters or zone of the learning space and by how the teacher (or instructor) motivates learners. Engeström utilises the concept of the zone of proximal development developed by Vygotsky (1978) which can be explained using the following example from nursing where a workplace mentor teaches a nursing student the principles of patient assessment. The mentor would start by asking the student to identify a patient's signs and symptoms and then to explain the patient's nursing or rehabilitative needs. The mentor would then encourage the student to negotiate with the patient goals that

were patient-centred before implementing and finally evaluating the care plan. In this example (adapted from Welsh & Swann, 2002, pages 34-44) the student's knowledge of symptomology, anatomy and physiology and their critical thinking ability represents their actual developmental stages and points to each stage of the assessment process that forms the student's 'zone of proximal development'. Therefore, the student's learning is said to be 'scaffolded' to ensure that the mentor supports the learner in order that their skills and developing knowledge can be brought to each stage of the learning process (Palinscar, 1986). Engeström (1994) re-frames Vygotsky's (1978) key concept of the zone of proximal development (ZPD) by making a stronger reference to community, collectivism and the role of instructors; and defines zones of proximal development as:

'...the distance between the performance the student is capable of on his or her own and the performance he or she can attain in collaboration with a more knowledgeable or skilled colleague or instructor. It is the instructor's responsibility to arrange for the emergence of such zones. At the level of a whole community of practice, the ZPD is a contested area between the traditional practice and alternative future directions' (Engeström, 1994, pg. 128).

Here Engeström alludes to the challenge posed by learners when negotiating a community of practice and suggests that such places (or zones) can be problematic. Engeström argued that activity theory comprises of five principles based on: the goal-directed nature of groups and individuals, the multiple points of view that exists within communities, that problems are understood within the context of history, that problems and conflict are sources of change and that learning through activity leads to a transformation within individuals that create larger horizons within communities. Engeström (2001) utilised this conceptual framework to undertake research within a

children's hospital in Finland to explore the boundaries of care between healthcare professionals and suggested that the content of professional learning was characterised by the tying-up of knots or 'knotworking' that occurred during collaborative care and that healthcare professionals learnt from processes of questioning, analysis, modelling and remodelling (Engeström, 2005). Therefore, activity theory seeks to explain the nature of learning in terms of the context in which learning occurs through an analysis of learning based on who learns, why learning occurs, what is learnt and how learning occurs, against characteristics such as collectivity, personal interests, history, tension and transformation that are present within and arise from activity within a defined community. I will return to the work of Vygotsky in section 2.7 in order to discuss the influence of cultural and activity theorists on the nature of adult learning and the theoretical perspectives that underpin work-based learning.

2.2.1 Research sub-question 1

The literature suggests that there is a profound difference between knowledge and competence and that there are different typologies of knowledge within the workplace associated with 'knowing how' and 'knowing that'. Similarly, the nature of intelligence appears to be multifaceted, but difficult to reconcile in relation to the nature of decision-making within clinical environments. Learning is a culturally mediated activity that requires engagement on the part of the student within a community that is supported by instructors to match learning activities, learning styles and different forms of knowledge in order that students meet their full potential. Therefore, my first research sub-question is concerned with: how do Foundation degree student participants believe they developed the knowledge to become assistant practitioners?

The next section will consider the literature relating to mentors and mentoring in nursing settings by exploring a range of factors and activities that constitute the role of the workplace mentor including the professional

context in which nurse-mentors traditionally operate. The literature on mentoring within nursing focuses predominantly on the support of nursing students. There is little literature describing mentoring for healthcare assistants (Rennie, 2007). This literature has informed the creation of my second research sub-question that is concerned with how workplace mentors support Foundation degree students' learning.

2.3 Mentoring in nursing

Traditional approaches to nurse-mentoring have been developed to prepare the novice for entry into the practice setting (Spouse, 2000) by teaching students to relate to patients, relatives and staff; develop craft and technical knowledge (Spouse, 2001) while ultimately guiding the nursing student towards registration. For example, Morton-Cooper & Palmer (2000) describe a trinity of factors within the mentoring role comprising of 'personal work' that promoted self-development, confidence and creativity; 'functional work' that provided a range of interventions including teaching, coaching, counselling and role modelling; and 'facilitation' to assist in interpersonal relationships, networking, sharing and trust. Therefore, the learning environment is conceived as being complex and set against a notion of apprenticeship where novices not only enter but negotiate participation within new communities of practice, as suggested by studies describing the lived experiences of nursing students (Cope et al, 2000; Spouse 1998). Spouse (2003) states that the most significant influence on student development relates to their acceptance within the clinical nursing team, which reinforces the process of preparation for practice through socialisation in a 'community of practice'. Befriending and coaching were two elements that signified good mentorship in Spouse's study (1998) with the eventual aim of students being able to 'fly solo' emphasising the key role of the mentor in socialisation (Ousey, 2009).

There are a number of key characteristics that students perceive their mentors should have including someone who can inspire and support them as well as

being an 'eye-opener' and 'idea bouncer' (Darling, 1984). Although nursing students greatly value working with their mentors (Lloyd-Jones et al, 2001) and the opportunities that learning in clinical practice affords (Papp et al, 2002) studies have identified that considerable emotional labour can be incurred by the student in order to convince their mentor that they are indeed a 'good student' (Webb & Shakespeare, 2008). Additionally, mentors experience feelings of considerable responsibility while having to sustain their own motivation (Löfmark et al, 2009) and deal with the practical issues of utilizing a clinical environment to support learners (Hutchings et al, 2005).

In relation to the mentorship of pre-registration nursing students, the Nursing and Midwifery Council has specific criteria that stipulates who can act as a mentor based on the mentor's entry on the professional register, their skills and competencies that have been developed following at least one year of registration and the ability to make judgements and be accountable for such decisions when signing-off a student as competent (NMC, 2008). Fundamentally, mentoring within nurse education is seen as a formal role that enables nursing students to gain safe and effective clinical practice skills during practice placements (Gopee, 2011) whilst protecting patients from harm. As someone who mentored nursing students throughout their clinical nursing career, both as a staff nurse and clinical nurse specialist, I can identify with the findings of all of the studies presented here in terms of the challenge of utilising a clinical environment as a place for learning. However, these studies straddle a period that has seen tremendous change and development within nurse education as diploma level education as been replaced by degree programmes that have brought pre-registration nurse education provision within England in line with Scotland and Wales. I would argue these studies do not capture the tension felt by nurse mentors (of my own generation) who undertook nurse training within schools of nursing based in hospitals and who may disagree with the repositioning of pre-registration education within institutes of higher education.

Currently, there are no national guidelines or criteria governing the mentorship of trainee assistant practitioners. In relation to my own study, Gibson (2004) calls for a research focus that determines the essential attributes of mentorship through a phenomenological approach that should have as its focus the experiences of mentees and mentors while utilising a phenomenological analytical approach. While several phenomenological studies into nurse-mentoring (Papp et al, 2003; Shen & Spouse, 2007; Löfmark et al, 2009) and authentic professional learning in healthcare (Webster-wright, 2011) have been completed; there appears to be a lack of knowledge about Foundation degree mentors and their experience of work-based learning within interprofessional clinical environments.

2.3.1 Research sub-question 2

Mentoring in clinical nursing settings has a long history based on preparing novice practitioners for practice and subsequent professional registration. The need to explore the nature of mentoring with Foundation degree students has been informed by the literature in the sense of how mentors are required to adjust their role, and is in contrast to the mandatory professional requirement to 'sign-off' nursing students as competent. Therefore, my third research sub-question is concerned with: how do workplace mentor participants support a Foundation degree students' learning?

2.4 Interprofessional working

This section will explore the philosophical nature of social spaces as places of communication, meaning and learning. The discussion will then focus on the concept of interprofessionalism and collaborative working in the context of the development and training of healthcare assistants and how competency-based education came to be regarded as an unsuitable approach to the development of healthcare support workers engaging in direct patient care and collaborative practice.

A theorist whose work is particularly relevant to the nature of social learning in professional environments is Jürgen Habermas and his exploration of the context of reason, rationality and functionalism. Habermas (1984) developed the concept of communicative action which occurred when language was used as a medium for understanding. He argued that ‘...social actors are themselves outfitted with the same interpretive capacities as social-scientific interpreters’ (pg. 15, 1984). Habermas draws on the phenomenological concept of ‘lifeworld’ stating that intersubjectivity forms the background to communicative action. Former Foundation degree student participants in this study work in healthcare settings where their ‘life worlds’ and the nature of their communicative action is expressed through the concept of interprofessional working and are expected to work and learn collaboratively with members of their multidisciplinary teams.

The drivers for interprofessional collaboration are many and varied although several high profile cases relating to poor interprofessional working within the health and social care have been used as a strong argument for collaborative working between professional groupings. For instance, Meads & Ashcroft (2005) analysed the Victoria Climbié and Bristol Infirmary cases where failures in interprofessional working by a range of health and social care agencies led to the death of an abused child and where unusually high mortality rates occurred in a paediatric heart surgery centre in the West of England. Two high profile inquiries were conducted. In both cases failures in care were categorised according to the nature of the relationships within specific professions as well as between professions. Meads & Ashcroft (2005, pg. 71) identified several important lessons arising from both inquiries that included the need to support junior staff, the dangers of a ‘silo’ professional structure that impeded horizontal communication and the way in which concerns about performance should be raised; in addition to the impact of professional working cultures and team work.

The term 'interprofessional' is regarded as relating to how interaction occurs between professionals who may have different backgrounds, but who have the same joint goals. Leathard (2003) contrasts interprofessional with the term 'intra-professional' which normally refers to a single profession that has a range of specialisms (pg. 5). In addition to the high profile cases alluded to, Martin & Rogers (2004, pages 3-6) describe a change in focus within the public sector that has led to the 'joining up' of services to promote smooth pathways for service users where professionals are required to work across agencies, disciplines and professions by fostering interprofessional relationships that enable collaborative working. As discussed in section 2.1 of this chapter, the assistant practitioner role was envisaged as a role that would transcend professional boundaries. A driver for the development of Foundation degrees in health & social care in support of the assistant practitioner role lay with concerns relating to quality of training offered to HCAs in the form of National Vocational Qualifications (NVQ).

2.4.1 Interprofessional working and the role of the HCA and AP

It could be argued that the development of the healthcare assistant and assistant practitioner role is indicative of the nature of how all health care professional groups have become established within a mêlée of workforce, recruitment, retention and budgetary pressures. Hall (2005) argues that 'different healthcare professions have evolved under their own and society's historic forces and ongoing sociological processes...with each profession [struggling] to define its identity, values and sphere of practice...' (Hall, 2005, pg. 190). It could be argued that the role of healthcare assistants and trainee assistant practitioners in interprofessional working is critical given (as discussed in section 1.5) the extent of direct nursing care being administered by this group of currently unregulated workers. The basic caring relationship and the effectiveness of interprofessional collaboration is described by Hornby & Atkins (2000) as being dependent on 'face workers' who are defined as '...workers [who] are the human face of the helping services, the

faces that are known...all those who work directly with users that have something in common: the face-work relationship' (pages 7-8). Hornby & Atkins (2000) identify a range of core facets of care work that fall under the remit of HCAs such as valuing the user as a self-helper, effective communication and the need to build trust between face workers in order that hindrances in collaborative interprofessional working are minimised (pages 25-29).

Studies on the nature of interprofessional team and collaborative working suggest a range of additional factors that determine the quality and effectiveness of interprofessionalism. Booth & Hewison's (2002) study into the impact of 'role overlapping' amongst nine physiotherapists and nine occupational therapists suggested that overlapping professional roles lead to the instillation of territorialism. The findings of this study echo the work of Habermas (1984) who described 'self-presentation' before others as part of a reflexive response within communicative professional environments. In Booth & Hewison's (2002) study several therapists returned to their professional roots by engaging in behaviours that reasserted their professional uniqueness and expertise, particularly when it was perceived that their professional group had unequal status. Although assistant practitioners are employed in a range of nursing, therapeutic and clinical areas, as yet, no studies have been published into the interprofessional nature of the AP role.

2.4.2 Research sub-question 3

The review of the literature suggests that work-based learning occurs within a set of social circumstances and relationships that can have an impact on the lived experience of work-based learners. In view of this I formulated my third research sub-question which is: what interprofessional factors do former Foundation degree student participants believe determine their work-based learning?

Having explored how social spaces are used for learning and how meaning and communicative action may characterise interprofessional collaborative working, the next section will explore work-based learning in a broader context.

2.5 Work-based learning in context

Although the nature of work-based learning has been described as being 'informal' it has been recognised that learning, education and training are seen by workers as separate activities (Eraut, 2004). This perspective regards learning as being formal because it is planned, and delivered within an educational institution that requires commitment from the learner, if only through attendance. In contrast, Marsick et al (2009, pg. 591) describe the nature of informal learning within workplaces as an iterative amoeba like process that is multidimensional and draws on a wide range of people and resources. My review of the literature relating to studies associated with work-based learning identified a broad range of themes which appear to support some, but not all aspects of Marsick's conceptualisation. Eraut et al (1998) reported on the factors that affect learning within the workplace of mid-career business, engineering and healthcare professionals and collected evidence by interviewing workers at technician, managerial as well as professional level. The findings of the study suggested that 'significant' learning was largely unplanned, but unlike Marsick's conceptualisation, the circumstances that possessed the greatest learning 'potency' were those that presented the learner with the greatest challenge. Eraut's et al (1998) study demonstrated that healthcare workers particularly valued learning from others, although his study took no account of the learner's previous experience. A phenomenographic study conducted by Morris (2007) suggested that previous employment is significant to how mature students experience learning in healthcare settings. In this study learning opportunities were associated with the need for learners to be 'treated as a student' and to be given additional responsibility. More importantly, students felt that the

quality of interactions that they had with qualified therapists were shaped by their previous employment in healthcare, while some students reported frustration as they sought to seek recognition for their developing knowledge and skills. Similarly, Shanahan's (2000) study suggested that although having experience of the world of work appeared to provide students with an advantage, mature students studying healthcare programmes appear to experience anxiety in relation to meeting the academic demand of their course and place themselves under considerable pressure to achieve, by virtue of their age and experience. Being recognised as a student and having a pre-existing workplace identity while balancing family roles and home life, characterised Watts & Waraker's (2008) study into healthcare assistants who remained in their employment to undertake a pre-registration nursing degree programme via distance learning.

Work-based learning within healthcare environments is said to present learners with considerable ethical as well as organisational tensions. Moore's (2007) study into work-based learners in a Dutch and UK healthcare setting where an accredited programme was implemented within an acute and primary care setting, concluded that the nature of work-based learning requires learners and workers to have opportunities for inquiry and reflection that enable them to manage rapid change and the ability to interpret experience and construct meaning from their practice. The ethical consequences of work-based learning identified by Moore's (2007) qualitative study suggested that work-based learners needed to develop considerable autonomy in order to make sense of cultural and ethical dimensions of healthcare practice and understand the nature of power within organisations and professional environments.

Broader issues relating to the nature of workplace learning environments have been studied using quantitative approaches that have used workplace 'climate' questionnaires. Kirby's et al (2003) study demonstrated a correlation

between good supervision, levels of choice and independence in addition to the learners' workload, although this study utilised a sample recruited from a Canadian university alumni association with participants who had secured employment in a wide range of organisations. However, the findings have some relevance to healthcare environments given the impact and significance of workload within clinical environments and the importance of the supervision of support workers such as trainee assistant practitioners.

Rickard's (2002) triangulatory study explored the experiences of undergraduate health studies students undertaking a final year work-based learning programme. The findings suggested that ethnic minority and part-time students appeared to struggle to develop confidence, to be effective self-directed learners and to complete practical workplace assessments. Rickard (2002) concluded that work-based learning provided learners and the community agencies used for placement learning with a range of benefits as long as the work-based learning programme was delivered on a relatively small scale. The study concluded that input from teaching staff in supporting students and the agencies facilitating their placement learning were considerable. Similarly, Forrester-Jones & Hatzidimitriadou's (2006) study that explored the fit between knowledge and practice using a questionnaire and focus group concluded that organisational barriers can generate student dissatisfaction with their working environment when newly gained knowledge is difficult to implement and students become unpopular with their colleagues when challenging workplace practices. Rickard's (2002) and Forrester-Jones & Hatzidimitriadou's (2006) studies echo an earlier study into experiential learning conducted (using six in-depth stakeholder case studies) by Dewar & Walker (1999) who argued that the gap between the educational philosophy of work-based learning and the way in which work-based learning is delivered can only be bridged when a climate is created where learners are encouraged to debate fundamental issues such as the role of supervisors in their learning.

2.5.1 Work-based learning in the organisational context

Dewar & Walker (1999) concluded that work-based learning directly challenges mainstream educational practice by asserting a fundamental relationship between an individual's ability to engage in reflection and develop their own practice. However, in larger organisations the nature of workplace learning may fall under the remit of human resource developers. Sambrook's (2005) pan-European study identified a range of human resource development factors that influence learning at work including motivation and clarity as an enhancer or inhibitor and the organisation learning culture as an impeder and supporter of learning at work, in addition to the range of resources provided by the 'host' organisation. Dewar & Walker (1999) and Sambrook's (2005) studies point to the impact of the organisation upon the learner and the support for learning afforded by the employer. Fuller & Unwin (2004) question the causal relationship between individual learning and an improvement in organizational performance and developed a conceptual framework based on a continuum of expansive and restrictive learning environments. Expansive learning environments require an approach to workforce development that integrates personal and organizational development. Fuller & Unwin's (2003) conceptual framework was based on research within the steel industry and drew on interviews with employees undertaking NVQ and apprenticeships. A weakness in the application of their continuum lies in the characterisation of an expansive learning environment as one providing access to a range of qualifications in comparison to notions of continuous personal development within professional (as opposed to industrial settings) where the individual takes responsibility for their own learning and development through the maintenance of a professional portfolio.

In contrast to Moore's (2007) and Kirby et al (2003) studies into ethical and workload implications of learning within the workplace, Sebrant's (2008) study into teamwork and the impact of computerisation within a Swedish

clinic, demonstrated the impact of emotion expressed through anger, resistance, disappointment and envy as work-based learners were perceived to be gaining an advantage over their colleagues while medical colleagues were dismissive of the value of informal learning. A conclusion drawn from this study was that strong emotional forces should not only be used in a constructive and motivational sense but be regarded as crucial to the social practice of the workplace and function of the organisation. Marsick's et al (2009) conceptualisation of informal learning as an amoeba-like process appears to overlook the importance of specific personal factors such as age on informal learning. Although there is limited evidence in this area, Berg & Chyung's (2008) study used an anonymous online survey of 125 professionals to explore a range of factors that influenced individual engagement in informal learning. Aside from the organisational learning culture, this study suggested that as an employee's age increased (beyond their fourth and fifth decades), so did their willingness to engage in informal learning.

Boud & Middleton (2003) concluded in their research into communities of practice, that a range of informal learning occurs in the workplace as workers learn from a diverse number of people and that seniority within large organisations increases the degree to which participation in informal learning can occur. However, Boud & Middleton's (2003) study utilised participants from industry and compulsory education as opposed to a healthcare/clinical setting and focused on the provision of in-service training as opposed to courses delivered in partnership with higher education institutions. Similarly, Billett (2003) has explored the demands and benefits experienced by workplace mentors. Again, this research was conducted in an industrial (manufacturing) setting. It is important to remember that industrial manufacturing settings have a long history of apprenticeship style training. In the early 1990s non-medical education based in training schools of nursing, midwifery and radiography sited at large regional hospitals were transferred to institutions of higher education for the delivery of professional (pre-

registration) courses. This process signified a move away from an 'on the job' training model of placement learning complemented by formalised school-based teaching, to modularised learning where students followed 'branches' of study in either adult, child, mental health or learning disability nursing leading to diploma and now degree level awards.

Therefore, work-based learners appear to be subjected to a range of determinants such as the degree of challenge presented by work; the range of opportunities that are unplanned or incidental for learning; and have to negotiate ethical, professional and cultural factors in addition to levels of supervision, autonomy and workload. Work-based learners may face organisational barriers when seeking to implement new knowledge. Consequently, work-based learning requires a range of support which may be implicit, in terms of attitudes to reflection and the examination of practice and explicit, through the support mechanism of facilitators and human resource developers and leaders who can manage issues of power and emotion while recognising that a learner's age may be a significant motivator.

2.5.2 Work-based learning and Foundation degrees

With regard to the lived experience of Foundation degree students, O'Doherty (2006) presented case study evidence into public sector Foundation degree courses (including health and education) and provided examples of expansive (supportive) and restrictive (unsupported) learning (Fuller & Unwin, 2003); drawing on interviews with several Fd students. However, the scope of the findings focused primarily on organizational factors that determined the quality of work-based learning, individual (student) engagement and the nature of workforce modernization as the driver for such an initiative. A small amount of evidence has been published that focuses on the introduction of new assistant practitioner roles in the NHS based on interviews with students who have assumed this or similar roles as a result of undertaking a Fd (Benson & Smith, 2006). Although, it would appear that it is

too early to assess the impact on practice of the development of this new role. Describing the Foundation degree as a further development in the widening participation of higher education, Beaney states that:

‘...it is confounding to find that the learner’s experience of engaging with [Foundation degrees] is so under examined. If Foundation degrees are to be successful and genuinely transformative...we need to understand how students respond to them and how they can best utilise their learning experience over time to engage in lifelong learning’ (Beaney 2006, pg. 3).

Therefore, there is a clear need to conduct research exploring Foundation degree students and their mentors in order to explore their experiences of work-based learning.

2.6 Work-based learners in context

Throughout the literature the terms ‘work-based learning (WBL)’ and ‘workplace learning’ are used interchangeably. English (2005) defines work-based learning as:

‘learning that is undertaken at work or directly for the purposes of work...typically utilized as part of some educational qualification [whereas] workplace learning is more commonly used when there is no connection with an academic or vocational award and learning is solely for the purposes of work’ (English, 2005, pg. 669).

In contrast, Boud (2001) argued that one of the defining characteristics of WBL is that working and learning are coincident in the sense that learning tasks are influenced by the nature of work and that in turn, work is influenced by the

nature of the learning that occurs. He concludes that workers as learners need to be able to manage both roles as work-based learning uses work as its content base with knowledge acquisition being dependent upon a transdisciplinary approach (Boud, 2005). This is a somewhat challenging perspective when considering the social situation of the work based learner, particularly when the learner is employed in a healthcare setting characterised by interprofessional working and complex hierarchical structures. Rossin & Hyland (2003) and Hardacre & Workman (2010) describe several broad typologies of work-based learning:

- structured learning or 'in-house' training in the workplace through the provision of on-the-job training (e.g. through an apprenticeship);
- identifying off-the-job or part-time study and learning opportunities (e.g. conference, training and study day attendance);
- learning for work (general vocational education), which is centred around education and is regarded as being the hallmark of the vocational educational training (VET) movement that has developed in Australia (another example would be the UK's 14-19 year old vocational diplomas);
- learning at work (in-house education and training) utilising in-house trainers and organisation-wide training facilities; where the employer contributes to the content and learning is specific to the work role.

The final typology (learning at work) is associated with programmes such as Foundation degrees that are delivered via work-based learning or that have a mixture of knowledge building and work-related modules, and can be traced to the work of Marsick & Watkins (1990) who emphasised learning through work including the application of job-related knowledge and skills. Their earlier work conceptualised informal and incidental learning as 'learning outside of formally structured, institutionally sponsored, classroom-based activities' (Marsick & Watkins, 1990, pages 6-7) and developed a model where

students use reflection to become aware of the problematic aspects of new learning experiences (Marsick et al, 2009).

Argyris and Schön (1974) referred to the 'dissonance' that students experience as they seek to balance theory with practice and the inconsistencies between 'espoused theory' (theory or knowledge brought to a situation) and 'theory in use'; where espoused theory becomes modified in the face of the practicalities of practice and the needs of the workplace. A strategy to overcome the problematic aspects of new learning such as dissonance is to engage students in experimentation. Raelin (2008) argues that students need to engage in experimentation in order for 'espoused' and 'theory in use' to become aligned. An example relating to nurse education is the use of the case study and simulated learning resources which provide students with a framework that facilitates problem-based learning while encouraging students to consider a range of hypothetical propositions that require them to draw on their knowledge of the 'real world' of clinical practice. Similarly, Eraut (2004) argued that informal and incidental learning had implicit, reactive and deliberative dimensions that enabled learners to draw on past episodes and current experience in order to determine desirable future behaviours. However, Marsick & Watkins came to revise their (1990) model of informal and incidental learning in the face of wider contemporary organizational challenges. These are: the non-linear nature of working practices and learning approaches; the role of emotion, intuition and a deeper understanding of cognition; the contemporary emphasis on collaborative learning and the significance of interaction between learners within specific contexts in order to make sense and make meaning (Marsick et al, 2009, pages 585-591). They conclude that:

'a better analogy for thinking about informal and incidental learning is an amoeba-like process, multi-dimensional in nature, consisting of iterative cycling back

and forth among phases of the process – with frequent forays into conversation, work with other people, and exploitation of a wide array of resources, often internet-based or technology driven, that provide new stimuli for further inquiry’ (Marsick et al, 2009, pg. 591).

This perspective accords with the nature of work-based learning in healthcare, as characterised by the dynamics and *mêlée* associated with learning in an interprofessional context; and is in contrast to Boud’s (2001) simplistic conception of learners merely balancing the demands of being a learner and a worker.

The literature suggests that being a work-based learner has a considerable impact on the lifeworlds of students, although there is limited research relating to the impact that studying a Foundation degree has on students as work-based learners (Morris, 2010; Kubiak et al 2010). The next section will explore major theorists whose work has shaped the four chosen models of work-based learning used as the focus of this study and the main research question associated with the rhetoric and reality of work-based learning and the lived experience of the Foundation degree student. I will start by returning to the work of the Russian cultural historical movement before exploring perspectives associated with education and democracy and developmental psychology that includes the work of Dewey, Polanyi and Cole.

2.7 Background to theories of work-based learning

The ‘provenance’ of the theoretical basis of work-based learning can be traced to a range of key theorists that includes the work of the Russian cultural and historical psychologist Vygotsky (1978) and neuropsychologist Luria (1994); the American philosopher and educationalist Dewey (1916, 1958); and the philosopher and scientist Polanyi (1958, 1973). These key theorists have

influenced the work of contemporary psychologists such as Wertsch (1985), Moll (1990), Cole (1996) and Engeström (2005) who regard learning as deeply existential, culturally embedded and activity orientated. The emphasis on learning as an existential experience is in keeping with my chosen methodology of hermeneutic phenomenology and will be discussed in the next chapter.

Vygotsky (1896-1934) argued for a culturally orientated study of knowledge and stated that the process of a child's development was better understood through the study of culture. He argued that '...the most favourable stage for investigation is...the external cultural method of behaviour (Vygotsky, 1994, pg. 70). Vygotsky developed through research his theory of the zone of proximal development (ZPD) and argued that children should be given tasks that they hadn't previously performed and were known to be capable of. In essence, he suggested that children should always be given activities that were not based on their known ability; rendering the measurement of a child's attainment as of little value. Vygotsky's zone of proximal development and an example of scaffolded learning, as applied to a nursing setting, were discussed previously (see section 2.2). Vygotsky (1978) argued that learning occurred in relation to its cultural backdrop and his work led to the development of a school of thought developed further by Luria (1994) and latterly by Wertsch (1985) and Cole (1996) who argued that learning is culturally mediated. For instance, Luria (1994) discussed the significance of tools as signifiers of cultural and historical development '...the history of culture starts with a primitive outward technique and ends with a complicated psychological technique' (pg. 53). In this sense, Luria argued that tools have significance as culturally mediated objects. Cole (1996) develops Vygotsky's ideas and describes tools as being culturally mediated artefacts which 'human beings arrange for the rediscovery of the already-created tools in each succeeding generation'.

These perspectives are relevant to work-based learners because the cultural backdrop and significance associated with tools, objects or artefacts are important for a learner who may lack the underpinning knowledge associated with a standard operating procedure. Within a healthcare setting a tool or device is not only introduced to a student in relation to its functionality, as the learner will be required to demonstrate that they are competent to use a device which requires the learner to demonstrate that they are effective, efficient, safe and can demonstrate sound knowledge that is acceptable within that particular clinical culture. Therefore, a clinical device is emblematic of a range of culturally defined meanings associated with evidence-based healthcare, health and safety and risk assessment, in addition to what constitutes best and competent practice.

In relation to my own research study an example of culturally mediated artefact that my Fd students would encounter could be the completion of a clinical risk assessment tool used with a patient. As Cole (1996) alludes to the knowledge passes from an experienced registered nurse to a trainee assistant practitioner. However, in this example not only does the knowledge cross a generation, it becomes mediated into a new paraprofessional group who use this new knowledge to establish themselves and as a result, such knowledge becomes historically significant.

The Swiss biologist Jean Piaget (1896-1980) began to study cognitive development and learning at the time when Vygotsky's life came to a premature end in 1934. Piaget argued that cognitive development and early language is integral and that a child's development occurs in the following stages: sensorimotor (from birth to 2 years, characterised by the manipulation of objects and non-verbal communication); preoperational (where symbolic thinking and structured grammar and language begin to be used - aged 2-6 years); concrete operational (where logical thinking commences and language using the passive tense is mastered - aged 7-11+ years) and the formal

operational stage where abstract thinking and near-adult like skills are developed (Piaget, 1972). In contrast to culture, Piaget argued that learning was primarily reliant on adaptation. The relationship between a child and their environment was based on a child's ability to engage in activities associated with assimilation and accommodation in order to adapt to new and changing environments. Tudge & Rogoff (1989, pages 17-40) argued that both Piaget and Vygotsky regarded the role of the individual and environment as being inseparable and shared the belief that children are active in their own development and arrive at knowledge of the world through activity. Piaget was primarily concerned with the development of logic and the way that children shift their perspectives of understanding and argued that each stage of a child's development could be accounted for logically; whereas Vygotsky was concerned with the development of knowledge and skills based on culturally developed tools that mediated mental functioning (Tudge & Rogoff, 1989, pages 17-40).

Engeström (2005) discussed the cultural impact of the textbook on the minds of classroom students. He argued that in order for children to engage in learning that was expansive, children needed to treat textbooks as historical artefacts and be encouraged to devise their own activities in order to find new ways of undertaking school work. Engeström (2005) argued that such an approach would enable students to encapsulate school learning by gaining powerful intellectual tools that could grasp the complexity of the world utilising a process of learning via self organization that could lead to networks of learning activity that might transcend institutional boundaries.

On the surface it would seem strange to be considering educational and psychological perspectives relating to children in respect of a study associated with learning within the world of work and where, under English law, only adults aged 18 or over can be employed as providers of personal care. However, Dewey argued that children should be encouraged to learn by

meeting the demands that arose from social situations within their community. In his *Pedagogic Creed* (1897) Dewey argued that child's learning should be driven by their instinct, intuition and impulsiveness as opposed to the social constraints of a school environment. Dewey argued that society and the individual should not be isolated from one another '...society is an organic union of individuals. If we eliminate the social factor from the child we are left only with an abstraction; if we eliminate the individual factor from society, we are only left with an inert mass' (pages 77-80). The distinction between how children learn (pedagogy) and how adults learn was made by the American educationalist Malcolm Knowles in the 1960s, who adopted the term andragogy. His theory of andragogy was characterised by adults needing to know why they need to learn something as a prerequisite; adults having a 'self-concept' where knowledge is necessary when adults realise that they are responsible for their own decision making; adults drawing on their accumulated experience to inform their learning; that adults possess a 'readiness to learn' that determines the sequence of learning activities and the development of the learner; and that new knowledge is seen to have value by virtue of its application which motivates adults to learn by a wider range of external and internal motivators such as pay, promotion and job satisfaction (Knowles et al, 2005, pages 64-68). Knowles' conception of adult learning is not only relevant to the extrinsic nature of learning for work, in terms of the application of knowledge; but also the extrinsic rewards associated with the completion of learning in terms of gaining a new job title and higher salary that many of the participants in my study were able to secure on completion of their studies.

Knowles' (2005) distinction between pedagogy and andragogy appears rather narrow compared to how Dewey envisaged his pedagogic creed where children would be trained in cooperative and mutually helpful living and 'learning by doing'. Dewey's work has informed debates around the influence of scholastic experience on an adult's willingness to participate in education

which is said to define a learner's identity. Gorard & Selwyn (2005) in a study into educational participation and the impact of technology concluded that 'where individuals create, for themselves and through their early experiences, a learner identity inimical to further study; then the prospect of learning can become a burden rather than an investment for them' (pg. 71). Moreover, Ramsden (2003) argues that the level of a student's interest will be shaped by their previous experiences of formal schooling and states that:

'It is hard to separate the context of learning and previous experiences in describing learning...Deep approaches [to learning] are closely related to a student's interest in the task for its own sake. Intrinsic interest and a sense of ownership of the subject matter provide a fertile ground for attempts to impose meaning and structure...the way in which a student perceives a task...is partly determined by his or her previous experiences...some students will begin higher education with habitual tendencies to use surface [learning] approaches...' (pages 65-66).

Therefore, an understanding of children's' development and learning and the impact of scholastic experience has on learning identity is important as research suggests that such factors not only determine participation in adult learning, but whether adults utilise a deep, appropriate and meaningful; or a surface, strategic and minimal approach to their learning (Biggs, 2003). Although the relationship between learning as an activity and its impact on work and communities of practice have been explored from writers such as Dewey (1897) to Engeström (2005), institutional and organisational boundaries shaped by culture and cultural artefacts continue to influence the learning of both children and adults.

2.7.1 Craft and tacit knowledge

The literature suggests that the nature of learning and how learners develop their identities as learners is closely associated with culture. Such a perspective suggests that the nature of knowledge is internalised within learners. Polanyi (1958) discussed acquisition of skills in the context of novices and apprentices and communities centred on artistry and craft-knowledge. While the cultural and historical theorists placed emphasis on tools and artefacts as culturally mediated objects, Polanyi argued that it was through the survival of craftsmanship within local traditions, that knowledge was preserved and also disseminated when craftsman migrated to other countries. He emphasised the importance of example and authority in craft learning and argued:

‘...to learn by example is to submit to authority. You follow your master because you trust his manner of doing things even when you cannot analyse and account in detail for its effectiveness. By watching the master and emulating his efforts in the presence of his example, the apprentice unconsciously picks up the rules of the art, including those which are not explicitly known to the master himself’
(Polanyi, 1958, pg. 53).

Polanyi (1973) developed the concept of tacit knowledge and tacit understanding in which personal knowledge was personal because it had been internalised in an unconscious manner. He argued that ‘meaning’ was essential to the purposeful nature of learning and argued that science and its emphasis on detached observation, displaced the part to which individuals shape their own ‘personal’ knowledge (Polanyi & Prosch, 1973, pg. 28). The nature of craft and personal knowledge is particularly relevant to workplace learning as there is considerable emphasis placed on the role of reflection as a strategy for learning.

The next section includes a discussion of four major theories of work-based learning that have been influenced by the learning theorists that have been discussed. These four models will be used to address my main research question which is: how does the lived experience of Foundation degree student participants compare with the theoretical basis of work-based learning? I will outline the philosophical traditions represented by each model and explain why they have been selected prior to a detailed rhetorical analysis of their salient features. These four models will be returned to in chapter 7 in order to compare the lived experiences of my study participants (the reality) with the theoretical basis of work-based learning (the rhetoric).

2.8 Four models of work-based learning

Having explored a wide range of empirical studies conducted into work-based learning and philosophical and conceptual perspectives associated with the relationship between society and education, I identified four major theoretical models of work-based learning from the literature:

- Lave & Wenger (1991, 1998) Communities of practice
- Billett (1996, 2001) Workplace curriculum model
- Illeris (2004, 2011) Model of working life
- Raelin (2008) Comprehensive model of work-based learning

There are of course, other theories and models of work-based learning that could have been drawn upon and utilised for the purpose of this study. For instance, Stephenson's (2001) 'capability envelope' is a model for encompassing individual learning activities within an overall learning strategy. This model reconciles the learner's needs with the interests of the organisation and the constraints of formal accreditation. However, as my students receive no professional accreditation for the completion of their Foundation degree (such as entry onto a professional register) or even in some circumstances, a change in job title or professional role; I felt that this

model was inappropriate to utilise. Similarly, Bond & Wilson (2000) describe the professional artistry and rational-technical models of education as being particularly relevant to work-based learning within the National Health Service. The technical-rational model of education assumes that professional activity is a matter of technical performance. These latter theories are not only beyond the scope of the educational aims of the Foundation degree, but appear to be more relevant to registered healthcare professionals or those employed in managerial, scientific or technical roles, as opposed to the level of practice of Foundation degree graduates.

The four models of work-based learning discussed in the next section have been selected because they are grounded in a range of different philosophical traditions. These include sociocultural and social constructivist perspectives (Lave & Wenger, 1991; and Wenger, 1998; and Billett 1996, 2001) and the organisational and managerial perspectives of Illeris's hybridised model and Raelin's (1997, 2008) comprehensive model.

2.8.1 Communities of practice

Lave and Wenger's (1991) community of practice (COP) model states that we are social beings; that knowledge is a matter of competence with respect to valued enterprises, and that knowing is a matter of participating in the pursuit of such enterprises. Meaning rests on our ability to experience the world and therefore our engagement with it is meaningful and ultimately the product of learning. Communities of practice evolve through different stages including realising the potential of the community, a coalescing stage, the active (productive) stage, dispersal and then the final 'memorable' retrospective stage. The relationship of the COP to the host organisation can include non-recognition, a bootlegged status, becoming legitimate and/or of strategic value, or (preferably) being seen as transformative and therefore of immense value to the host organisation (Lave & Wenger, 1991). This conception of learning occurring within a social context, regards knowledge

as socially distributed (Gibbons, 1994) and that knowledge produced within the workplace is transmittable (Gonczi, 1994). Therefore, all members of the organization need to want and be prepared to recognise and foster a COP for the purpose of mutual benefit and as a learning enterprise. Lave & Wenger's social theory comprises of: meaning (a way of talking about our changing ability), practice (a way of talking about the shared historical and social resources, frameworks and perspectives), community (a way of talking about social configurations) and identity (a way of talking about how learning changes who we are and what creates personal histories). Therefore, Lave & Wenger's conception of practice as being orientated by the shared historical and social resources of the community draws heavily on the Russian cultural, historical and psychological perspectives of Vygotsky and Luria, as illustrated by the notion of a learner's personal history or ontogeny. It could be argued that the boundaries of communities are indistinct as there is little consideration given to the nature of identity based on professional groupings. The theory relies heavily on traditional notions of apprentices as novices or newcomers while ignoring that a worker may have been in practice for many years and possess skill and expertise without deep underpinning knowledge. Lave & Wenger's (1991) research has also been criticised for its utilisation of traditional occupations, using case studies into learning amongst tailors, butchers and naval quarter-masters (Fuller & Unwin, 2003). Wenger developed a later model comprising of three infrastructures of learning (engagement, development of capability, activity through inquiry) where 'engagement with learning...includes drawing on expertise and knowledge of other members of [the student's] community and thus reaffirms the nature of the community as a learning organism' (Wenger 1998, pg. 237). Wenger's social theory of learning is presented in diagram 2.1.

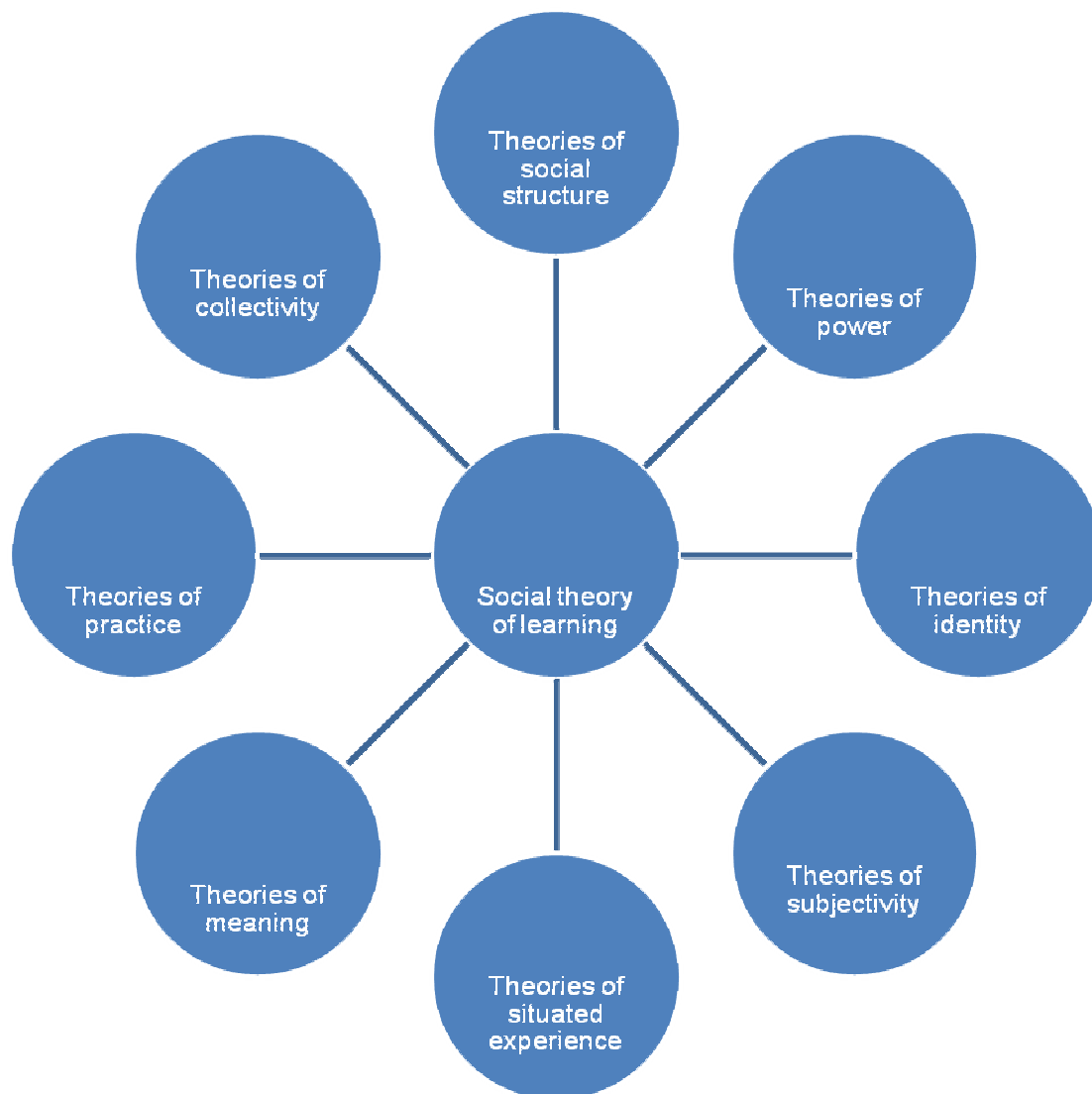


Diagram 2.1 A social theory of learning (Wenger, 1998, pg. 14).

2.8.2 A workplace curriculum model

Billett's (1996, 2001) model for a workplace curriculum incorporates many of the ideas of work-based learning stated in the previous model in relation to the social requirements and hindrances to learning in the workplace. One key difference is the emphasis placed on the personal agency of the individual worker and the resources or 'affordances' such as access, time, sharing of knowledge and learning opportunities (Billett, 2002), that enable learners to utilize the workplace as a legitimate place of learning. The aim of the model is to encourage structured learning experiences that develop the attributes

within individuals that are required for expert work performance; identify and structure a pathway of learning experiences that takes into account enterprise needs and those of the individuals who are learning; use direct guidance to assist the development of understandings; hone procedures required for expert practice; to assist learners to participate in learning arrangements that provide access to indirect guidance in the workplace; and finally to focus on a learning curriculum rather than one in which direct teaching predominates. Again, the work of Vygotsky (1978) and the use of scaffolded learning (Palinscar, 1986) is alluded to with regard to the structuring of learning under expert guidance in this model. Billett argues that workplaces are legitimate sites of learning centring on the needs of the individual. The model is also based on the idea of a community of practice where learners move from the periphery to the core in relation to their participation in activities that are increasingly complex and require greater decision-making and judgement. Billett's model places emphasis on learning within the workplace that draws on the andragogical perspectives of Knowles (2005) in relation to the learner being self-directed, but views motivation through a range of extrinsic networks in contrast to Knowles's (2005) emphasis on intrinsic drivers such as a learner's experience, pay, motivation and job satisfaction. Billett's model emphasises experiential and self-directed independent learning to enable the novice to become an expert reflective professional practitioner.

2.8.3 A model of working life

Illeris's (2004, 2011) model for learning in working life incorporates the concept of holism and shows elements of workplace learning and their mutual connections. It is based on two existing models: a model dealing with the workplace as a learning space and a general model of the learning process. This new model makes the distinction between social and individual levels of learning and points to the overlap between working practice of the organisation and the identities of learners as depicted in diagram 2.2.

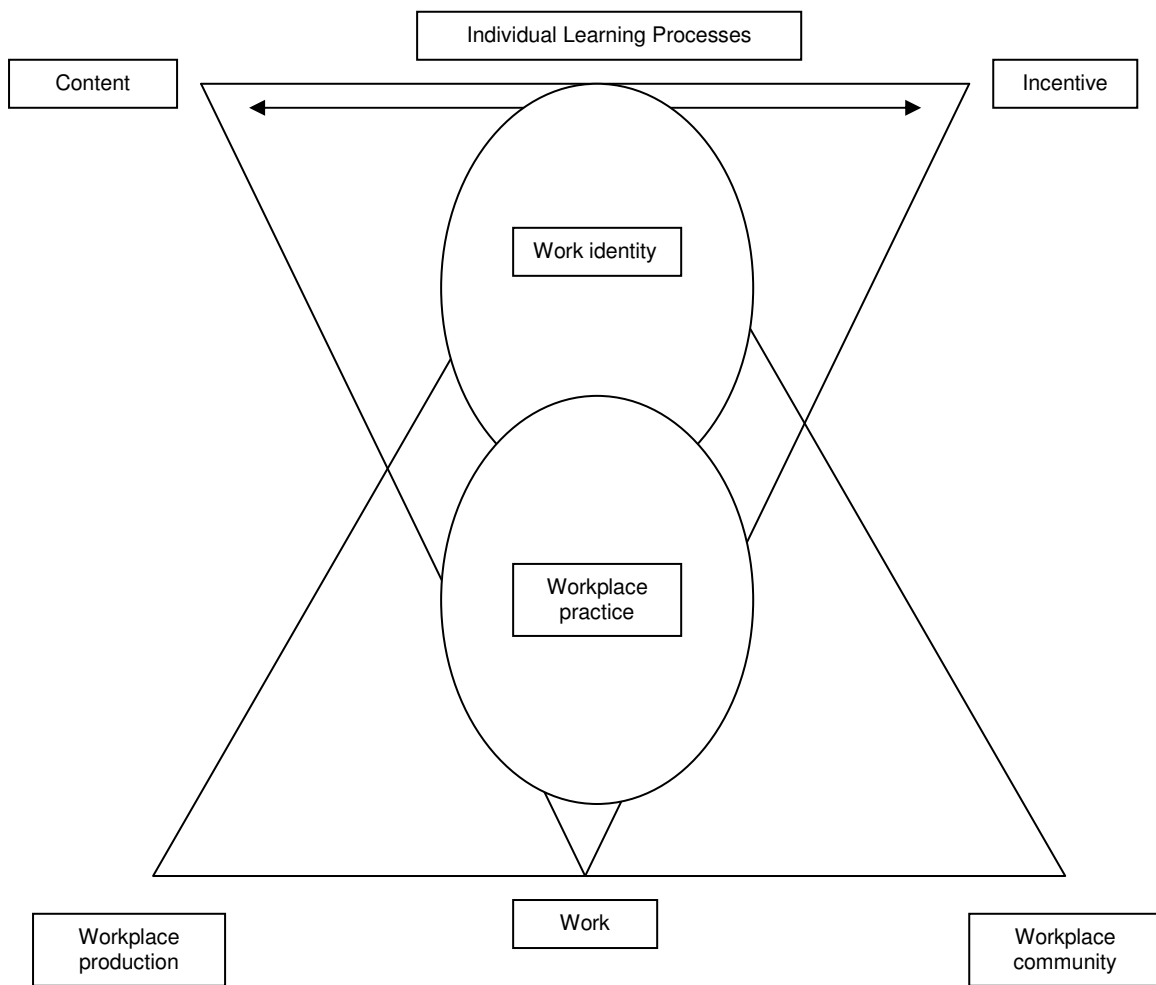


Diagram 2.2 A model for working life (Illeris, 2011, pg. 43).

The premise of the model is that work and workplaces are sites of learning and knowledge transfer which echoes Boud's (2001) and Gonczi's (2004) assertions of the workplace as a legitimate site for learning. Illeris sees learning in the context of the individual and (presumably) their self-perceived learning needs. Therefore, their ability to learn is dependent on pre-existing social conditions. In contrast to Gibbon's (1994) conception of mode 1 and mode 2 knowledge, the model does not differentiate forms of knowledge. The knowledge skills and attitudes to be fostered include learners engaging in reflective activities that require them to be sufficiently motivated to seek out activities and opportunities for learning. The model rests on the need for coaching and mentoring within organisations that are explicitly committed to

learning and development. It does not differentiate between formal and informal learning and in relation to social aspects of this model takes no account of issues of power and gender which traverse the individual and social duality. This perspective is in sharp contrast to the work of Marsick and Watkins (1990) and Eraut (2004) who distinguished incidental and informal learning within the workplace; and ignores the significance of gender in patterns of women's knowing, as described by Belenky et al (2008). The model may appeal to specific professional settings and groups, but isn't really holistic due to its limited recognition of multiple factors that may assist or hinder learners. However, as an 'entry level' model it could prove useful as a starting point for discussions on the concept and some of the dynamics inherent within workplace learning, although users of the model would need to establish a common understanding of the concept of holism and whether a holistic approach should be applied to the understanding of the learner, the learning environment or both.

2.8.4 Comprehensive model of work-based learning

The final theory of work-based learning is from Raelin (2008). This comprehensive model incorporates a continuum from theory to practice through to reflection, conceptualisation, experimentation and experience while acknowledging two forms of knowing; explicit and tacit. The collective aspects of learning include action science, applied science, action learning and communities of practice. Raelin's model draws on the work of other theorists, notably Wenger and Schön. Raelin's (2008) model contrasts 'theory versus practice' modes of experiential learning and modes of learning centring on explicit knowledge. These modes include declarative knowledge, conceptualization and reflection, applied science, action science; and tacit knowledge including procedural, experimentation, experience and action learning. The knowledge, skills and attitudes to be fostered by this model include reflection, facilitation and awareness (on the part of the learner) of the

interconnectedness of forms of learning and types of knowledge and is portrayed in diagram 2.3.

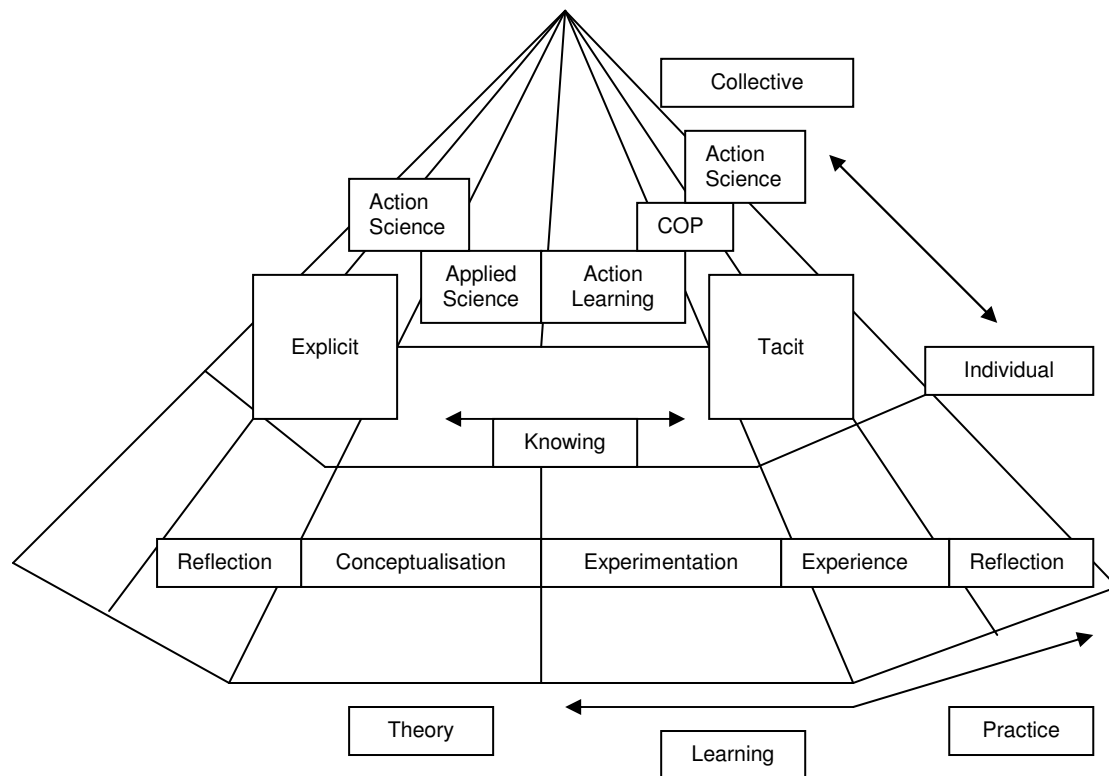


Diagram 2.3 Comprehensive model of work-based learning (Raelin, 2008, pg. 79).

The theoretical basis of Raelin's model rest on tacit and explicit knowledge and constructivism; where work and workplaces are regarded as legitimate sites of learning. Like Illeris (2011), Raelin does not differentiate between formal and informal learning. This model requires organisations to explore the nature of workplace learning and its potential based on the nature of work and characteristics of work, practice and workers. It could be argued that although Raelin's (2008) model is all-encompassing, its utilisation of so many pedagogical themes may lead to misinterpretation and misunderstanding, not least as tacit and explicit knowledge is not easily distinguishable.

In the next section I will discuss why I decided to consider theoretical perspectives of work-based learning by engaging in a rhetorical analysis, in a bid to stay true to the wording of the title of this thesis.

2.9 Rhetoric in education

My engagement in a rhetorical analysis of educational theory has been influenced by the work of Edwards et al (2004) who focus on the concept of competence in professional practice, which is a key characteristic of the assessment of Foundation degree students as work-based learners. These authors moved away from the conventional view of rhetorical analysis as a study of the way in which texts are imbued with mechanisms of persuasion and influence, and argue that ‘...to undertake rhetorical studies of education is to position it as a rhetorical practice...educators like rhetoricians are gatekeepers of rhetoric’ (pages 4-9). Edwards et al (2004) are critical of the notion of competence as a key aspect of learning in the workplace and argue that the idea of a competent professional seems reasonable and appealing by virtue of its persuasiveness, but places too great an emphasis on what workers can do rather than encouraging reflection on the effectiveness of professional practice. The authors conclude by arguing that the discourse of competence is ‘...an attempt to position professional practice and professionals in a particular way...’ (pages 56-58). The appeal of this perspective lies in the need for educationalists to adopt a reflexive approach to educational theory by considering the elements that form their personal pedagogical frame of reference which, in turn, shape notions of educational and professional practice.

2.9.1 Analysing the four models from a rhetorical perspective

I have adapted McCloskey’s (1994) method of rhetorical analysis to critically analyse my four chosen models of work-based learning. Although this method has been used to analyse economic policy, it has features which can be applied to other types of social scientific inquiry. McCloskey (1994) argues

that science is writing with intent as writers are always seeking to persuade others within their field. Rhetorical analysis is useful because it unites reading with understanding as it enables the reader to understand the details, and in understanding the details, to understand the argument. The features of McCloskey's (1994) method include: 'ethos' (the author's stance and appeal to morality or politics), 'gnomic present' (establishing legitimacy within a statement via a connection to others), 'tropes' (figurative phrases e.g. metaphor or synecdoche) and 'irony' (saying one thing and meaning the opposite).

Lave and Wenger's (1991) and Wenger's (1998) model of communities of practice reveals an ethos centring on community and mutuality, a gnomic present of learning legitimated by its situatedness in work and evidence of irony as the theory assumes that all communities and therefore the organisations in which they exist either wish, or desire to be learning places.

When rhetorically analysing Billett's (1996, 2001) workplace curriculum model an ethos of personal accountability appears through an emphasis on independent and autonomous learning, a gnomic present exemplified through the value placed on the expertise of others and (presumably) their willingness to share and impart expertise, knowledge and skills, and tropes (figurative phrases) such as 'discovery' and 'guidance' are also identified.

Illeris's (2004, 2011) model of working life points to the ethos of 'holism' using a presentational style based on a duality (individual – social), a gnomic present (establishing legitimacy via a connection to others) through a fusion of two models, which presumably had lesser credibility in separation and irony as Illeris assumes that learning always occurs in a social fashion. This aspect of irony raises the questions of how social learning differs from learning on an individual basis, the value placed on both social and individual learning and whether they of equal validity.

Finally, Raelin's (1997, 2008) comprehensive model makes an appeal to educators based on theoretical tenets as the ethos is based on supportive evidence from several key theorists. It is presented diagrammatically utilising a classical geometric motif (a pyramid) which is resonant of other holistic models such as Maslow's (1954) hierarchy of needs, and includes a gnomonic present which appeals to the reader through the use of multiple dualities including the 'individual' and the 'social'; 'theory and practice' and the 'tacit' and the 'explicit'.

A table summarising the rhetorical features of each of the four models of work-based learning can be found in appendix 4.

2.9.2 Summary

This literature review has sought to present a range of theoretical, conceptual and empirical material shaped by philosophers, social scientists, psychologists and educationalists that is both relevant to and commensurate with the research questions that are the focus of this study.

The concept of competence and its relationship to modes of knowledge is particularly relevant due to the emphasis of the assessment of practical skills and is characterised by the effectiveness, efficiency and safety of a work-based learner and their ability to demonstrate sound knowledge.

The literature describing mentoring in nursing demonstrates that traditional nurse-mentoring models are associated with the socialisation and preparation for practice of nursing students based on the support of novices new to clinical areas.

The utilisation of workplaces as sites for learning is characterised by notions of culture and activity and the use of tools as developed and used within specific communities. Developmental psychologists have attempted to make

sense of the nature of human cognition and reasoning in respect of how humans acquire knowledge, while educationalists have explored the relationships between schooling and vocational forms of learning. Learning within professional settings is characterised by communicative actions that characterise professional 'lifeworlds'. This means that learners have to understand the degree to which different forms of knowledge and patterns of knowing are subject to regulation and that language plays a significant part in the formation of a professional identity. Definitions, forms and typologies of work-based and workplace learning abound.

The research studies that have been analysed in this literature review have focused on the experiences of mature learners and work-based learners and the effect of the workplace climate on students' experiences. The development of Foundation degrees has led to research focusing on these topics in addition to the nature of partnership working that is required in order for organisations to deliver work-based learning in the form of Foundation degrees. The public sector within the United Kingdom has been quick to utilise Foundation degrees as a means of developing intermediate and paraprofessional roles in areas such as health and social care. However, research conducted in business, industry and commerce is more difficult to apply to the area of health and social care by virtue of its emphasis on productivity, efficiency, value for money and the strong tradition of apprenticeship style learning.

Finally, this literature review concluded with an analysis of four models of work-based learning from a rhetorical perspective. These four models will be used in order to consider the rhetoric and reality of work-based learning through a comparison of the findings of this study (the lived experience of workplace mentor and former Foundation degree student participants) in chapter 7.

Chapter 3: Methodology

Introduction

The literature review presented in the last chapter suggested that work-based learning is a complex, challenging and sometimes conflicting experience for learners. The utilisation of the workplace for learning presents a number of challenges to a learner as their 'lifeworld' becomes characterised by issues of identity, the nature of knowledge and knowing that form a lived experience that is powerful and vivid. The last chapter presented a literature review of research findings and the work of major theorists in the fields of cultural and historical theory, developmental psychology and education; and theoretical perspectives that led to the identification and critical analysis of four dominant models of work-based learning. This iterative process enabled me to determine the following research sub-questions for this study:

- How do former Foundation degree student participants believe they developed the knowledge to become assistant practitioners?
- How do workplace mentor participants support Foundation degree students learning?
- What interprofessional factors do former Foundation degree student participants believe determine their work-based learning?

Having categorised research studies into 'work-based learning in context' and 'work-based learners in context' and engaged in a rhetorical analysis of my four chosen models of work-based learning I was able to define my main research question which is:

- How does the lived experience of Foundation degree student participants compare with the theoretical basis of work-based learning?

In the first section I will discuss the nature of research paradigms in the context of how knowledge is created and understood and provide a justification for my chosen paradigm. I will then provide a rationale for my chosen methodology for this study - hermeneutic phenomenology. The research approach adopted for this study is presented in a diagram that can be found in appendix 5.

3.1 Research paradigms

A paradigm provides a researcher with a framework of understanding that enables their strategies and intentions to be justified in relation to their research approach or methodology, and the methods in which their data can be collected. Burgess et al (2006) define a paradigm in the context of educational research as:

‘...a set of beliefs that deals with ultimates and first principles....a world-view...these beliefs are basic in the sense that they must be accepted simply on faith (however well argued)...[as]...there is no way of establishing truthfulness...’
(pg. 54).

Therefore, the adoption of a paradigm by a researcher provides a framework that will determine whether a study is conducted on an empirical and objective, or interpretist and subjective basis. Burgess et al (2006) argues that the decision to adopt a paradigm positions a researcher philosophically. It could also be argued that a paradigm determines the relationship that a researcher will have to their data and study participants and how findings are made sense of and conclusions drawn.

3.1.2 Paradigms and reasoning

It was the search for truth which drove humankind to make sense of the social world and led to two forms of theoretical reasoning – deductive and inductive

reasoning. Deductive reasoning is where a hypothesis is tested, after which a principle is either confirmed, refuted or modified; whereas inductive reasoning occurs when plans are made for the collection of data after which the data is analysed to see if patterns emerge. Inductive reasoning is said to enable researchers to suggest a relationship between variables under scrutiny (Cohen et al, 2000; Gray, 2009). Dewey (1933) proposed an enquiry-based approach which enabled inductive and deductive reasoning to be merged through inductive discovery and deductive proof.

The adoption of the inductive-deductive method meant that the basis of research became systematic and controlled. This 'empirical' approach enabled scientists to adopt methods that sought to prevent error and that were open to public scrutiny (through publication) in the hope that, in time, errors could be corrected. Cohen et al (2000) concludes that educational research has absorbed both the traditional scientific view and more recent interpretive views that regard social science and natural sciences as essentially the same (in terms of the quest for rigour), while recognising that people differ from each other (pg. 5). An example of the demonstration of rigour in my own study is the need not only to provide evidence of quality assurance with regard to the management and handling of data (as discussed in the next chapter), but to demonstrate adherence to the belief system or methodology that has underpinned the study.

How researchers align themselves in terms of their chosen epistemology or theory of knowledge has profound implications for their research. For instance, the adoption of an objectivist or positivist approach requires the use of research methods that enable the world to be measured using surveys and experimental designs; whereas researchers who adopt a subjectivist or anti-positivist approach view the social world in a more humanistic manner and utilise methods such as personal accounts, interviewing and participant observation to gather their data (Cohen et al, 2000).

The interpretive paradigm is still regarded as sitting in sharp contrast to positivism despite attempts by researchers to utilise or 'mix' research methods from both paradigms. The next section will discuss why I have aligned myself to the interpretive paradigm; not only in order to answer my research questions, but in respect of the organisational and professional context in which the research has been conducted.

3.1.3 Interpretive paradigm

The interpretive paradigm is defined by Schwandt (2000) as a form of inquiry that views human action (the 'life world') as meaningful and truthful and recognises that although humankind generates knowledge subjectively, the intentions and actions of individuals can be understood in an objective manner. Gray (2009, pg. 21) states that interpretists believe that there is no direct one-to-one relationship between ourselves and the world or the relationship between subjects and objects; and that there is an equally sharp distinction between the laws of science and social reality that result in a different epistemology and require different methods. Positivistic paradigms require research which places considerable value on objectivity through approaches which are regarded as quantitative. Gray (2009, pg. 165) outlines the criticisms made by qualitative researchers of quantitative approaches stating that such research involves little or no contact with people or field settings; that statistical correlations may be based on variables defined by researchers; that such correlations are speculative; and the pursuit of measurement leads to difficult complex phenomena being treated in an 'unproblematic' manner - an example being (as discussed in the previous chapter) the measurement of intelligence using standard intelligence quotient or IQ tests. However, again, making a simple distinction between quantitative and qualitative approaches as seen with positivism, anti-positivism, objectivity and subjectivity is also problematic. In all three debates the role of reason and rationality appears to be central to the nature of epistemology. In

discussing the idea of social science being beyond both objectivism and relativism, Bernstein (1983) argues that:

‘Reason is not a faculty or capacity that can free itself from its historical context...situated reason...gains its distinctive power always within a tradition... [and that] when we approach recent debates about the social and political disciplines...from the perspective of the hermeneutic tradition...we gain a more penetrating understanding when we pursue the intimate relations between hermeneutics and praxis’ (pages 36-40).

In relation to my own study I have aligned myself to the interpretive paradigm which is suitable for a study concerned with the complex social world in which people learn while being at work (as illustrated in the previous chapter) through structured learning and, in particular, non-theoretical knowledge generated from practice (praxis). In order to undertake such a study a suitable methodology is required which is not only suitable for the nature of the study but the context in which the study is being conducted – educational research conducted within a specific organisation, by a researcher-practitioner for the award of a professional doctorate. Writing with regard to research in higher education, Tight (2003) differentiates a method from a methodology in terms of the researcher adopting a philosophical position that reflects not only the researcher’s concern for how their data is collected, analysed and presented but an association with the academic discipline in which the researcher is working (pages 184-185). However, my choice of hermeneutic phenomenology is also attuned to the pedagogical basis of the educational programme that I am employed to deliver.

A key concept within work-based learning is ontogeny which Billett (2002) defines as the personal history of the learner and its impact on the

development of their knowledge and understanding. In contrast to positivistic epistemology and (in particular) in accordance with the models of work-based learning analysed in the last chapter, I have aligned myself to a constructivist view of human knowledge which asserts that truth and meaning is constructed by individuals in different ways (Gray, 2009, pg. 18). Crotty (1998) argues that the relationship between constructivism and phenomenology are closely intertwined (pg. 12) as:

‘we are beings-in-the-world...we cannot be described apart from our world...constructivism describes the individual human subject engaging with objects in the world and making sense of them’ (pg. 79).

Hermeneutic phenomenology (which will be discussed in more detail in section 3.2.1) is a methodology which is not only concerned with the interpretation of texts that enable lived experiences to be understood, but recognises and values how the researcher’s own understanding is brought to the research findings. Examples of hermeneutic phenomenological studies include living with an obsessive disorder, experiencing bereavement, using email and learning meditation (van Manen, 2002). Hermeneutic phenomenology utilizes a process of reflexivity that is similar to the constructivist nature of work-based learning. This enables the researcher to engage in a self-dialogue (Gray, 2009) using a hermeneutic cycle to consider the impact of their own framework of understanding on the research process. Moustakis (1994, pg. 10) argues that the completion of the hermeneutic circle allows a researcher to correct prejudgements regarding a text and in doing so, engage in a process which creates understanding which leads to new prejudgements. In chapter 4, section 4.8. I will discuss how I engaged in hermeneutic analysis using Madison’s (1988) methodological principles. These principles state that hermeneutic researchers need to analyse texts for coherence, comprehensiveness, penetration, thoroughness, appropriateness,

contextuality and suggestiveness. In order to 'operationalize' the hermeneutic cycle I created two vignettes to immerse myself in the lived experiences of the participants of my study (former Foundation degree students and their workplace mentors). These vignettes or fact-fiction stories of a notional workplace mentor and student will be used to present the findings of my study in chapters 5 and 6 respectively.

3.1.4 Other methodologies

In order to provide a rationale for the choice of methodology for this study, an explanation needs to be given as to why other methodologies were discounted in favour of hermeneutic phenomenology. Crotty (1998) argued that the four elements that underpin the social research process include epistemology, theoretical perspective, methodology and methods and that each element informs one another. In an attempt to demonstrate the relationship between each element Crotty (1998, pg. 5) devised a table which I have adapted (see appendix 6) to demonstrate the consequences of using alternative methodologies to answer my main research question - how does the lived experience of Foundation degree student participants compare with the theoretical basis of work-based learning?

The table in appendix 6 demonstrates that in order to undertake an objective positivistic experimental study into the lived experience of work-based learners in the context of Foundation degree, a form of sampling would be required. This could be achieved by making a comparison of students based on either their study pathways or a comparison of two or more student cohorts which would include a mixture of study pathways. Such a study would only enable a researcher to make comparisons between particular characteristics and variables, such as age, gender, previous academic qualifications and patterns of employment. Therefore, such a study would only reveal information regarding who work-based learners are, where they are employed and what they do.

The use of survey research, while based on an interpretist theoretical perspective, would enable a study to be conducted that measured participant's attitudes (via a questionnaire) or simply enable a comparison to be made between students' academic performance and achievement based on assignment scores, for example.

An ethnographic study based on the theoretical perspective of symbolic interactionism would enable a study to be undertaken revealing the particular conditions in which work-based learning occurs. However, such a study would be lengthy in terms of spending time observing work-based learners in a participatory or non-participatory manner and not realistic or practicable in respect of a study being completed by a practitioner-researcher not employed by the host organisation. Although interviewing can be used for phenomenological and grounded theory research, such an approach in terms of the latter methodology would be suitable if a theory of work-based learning needed to be generated. However, as my literature review demonstrated, there are several theories of work-based learning in existence, but few studies exploring the lived experience of work-based learners and, as yet, no studies that have used a hermeneutic phenomenological approach to compare the lived experience of work-based learners with the theoretical basis of work-based learning.

In a discussion that focuses on the 'real world' challenges of being a practitioner-researcher, Robson (1993) argues that researchers are not only disadvantaged by the time available to them, but must establish a clear difference of procedure between the research and the procedures of professional practice (based on the things that are already known). Demonstrating knowledge of the study environment enhances not only the credibility of the researcher but also their study (pages 447-453). To attempt a study from a feminist perspective would have been problematic by virtue of my own gender as a male researcher. It could be argued that such a study

would have been unjustifiable as the organisational context in which my research study was undertaken had a strong representation of female healthcare professionals within its hierarchy.

Lastly, as Foundation degree programmes and the assistant practitioner role is relatively new, it is not yet possible to undertake a study looking at the life history of work-based learners as suggested by the variation in the age range of my own study participants. I will discuss the implications of the use of alternative research methodologies in the context of the specific organisation where my study was undertaken in section 4.1.2 of the next chapter.

3.2 Rationale for choice of methodology

Defining hermeneutic phenomenology and unpacking this philosophical perspective as a research methodology is a complex endeavour. In the next section an attempt will be made to explore a range of phenomenological perspectives and consider the nature of hermeneutics as a philosophical position in its own right.

3.2.1 Hermeneutic phenomenology

Merleau-Ponty (1956) stated that 'Phenomenology is the study of essences and accordingly its treatment of every problem is an attempt to define an essence; the essence of perception, or the essence of consciousness, for example' (pg. 59). In order to capture the 'essence' of a lived experience for the purpose of research, data in the form of language is required. Crotty (1998) asserts the centrality of language in the shaping of all human situations: '...the events that befall us, the practices we carry out...the understandings we are able to reach...' (pg. 87). Hermeneutics is not just a method of textual analysis but a philosophical position. Odman and Kerdeman (1999, pg. 184) argue that '...understanding and interpretation is endemic to, and a definitive mark of, social life...[similarly] phenomenology is also a philosophy which replaces essences in existence, and does not believe

that man and the world can be understood save on the basis of their state of fact' (pg. 59).

Therefore, hermeneutic phenomenology is a research approach that seeks to uncover the lived experiences of participants. The focus of this study is the lived experiences of work-based learners and how such experiences compare and contrast with the theoretical basis of work-based learning. It is suitable for this study given that the focus of the research questions are to uncover how former Foundation degree student participants believe they developed the knowledge to become assistant practitioners; how workplace mentor participants support Foundation degree students' learning and to uncover the interprofessional factors that determined work-based learning for former Foundation degree student participants.

3.2.2 Phenomenology in education

The literature review suggested that the use of phenomenology in professional education remains relatively sparse. Vandenburg (1997, pg. 194) called for studies into educational phenomena 'that have been differentiated by the distinctions of ordinary language'. Whereas van Manen (1997) argued that lived experience is 'the starting point and end point of phenomenological research which aims to transform lived experience into a textual expression of its essence' (pg. 36). In relation to education the same author suggested that 'the pedagogue needs theoretical and historical understanding since it is important to know that the educational problems we face are typical of our time and that pedagogic concerns change over time' (van Manen, 1997a). This corresponds with the work of Hans-Georg Gadamer (1900-2002) whose work on hermeneutics utilises the concept of 'horizons' which he describes as '...the range of vision that includes everything that can be seen from a particular vantage point. (Gadamer, 1976, pg. 302). In relation to the research questions outlined, horizons may include former Foundation degree student and

workplace mentor participant's lived experiences as contrasted with the theoretical perspectives of work-based learning.

3.2.3 Problems of phenomenology

Existential phenomenology disregards 'bracketing' which is also known as reduction (Moran, 2000, pg. 2) where researchers are required to identify and 'ring-fence' their own presuppositions regarding the nature of the phenomena under study. Bracketing is associated with phenomenologist Edmund Husserl (1859-1938) who described bracketing (or reduction) as a method of radical purification of the phenomenological field of consciousness from all obtrusions. This was necessary to act against personal beliefs associated with objective experience by placing such beliefs 'in brackets' to enable the totality of the phenomena to be grasped by reflection. Husserl conceded that it would be difficult for a phenomenologist to engage in bracketing as it was against our most deeply rooted habits of experience and thinking (Husserl, 1981, pages 129-131). Husserl argued that bracketing was necessary because it enabled phenomenologists to abstain from making judgements of actual or transcendent aspects of nature and that this could be achieved by regarding aspects and beliefs as objects detached from, while recognising that they were associated with, the phenomena under investigation (Husserl, 1983, pg. 140). Merleau-Ponty (1956) questioned the practicalities of bracketing and argued that:

'To turn back to the things themselves is to return to that world prior to knowledge of which knowledge speaks and with regard to which every scientific determination is abstractive, dependent and a sign; it is like the relationship of geography to the countryside where we first learned what a forest, a prairie or a river was...the greatest lesson of the reduction is the impossibility of a complete reduction...if we

were absolute spirits it would be no problem...' (Merleau-Ponty, pg. 61).

Gadamerian perspectives of hermeneutic phenomenology emphasise two key concepts which are strongly associated with personal belief – tradition and language. Gadamer (1989) argues 'First, we stand in tradition. Second, all tradition is wedded to language [which is] at the core of understanding...the fusion of the horizons that takes place in understanding is actually the achievement of language' (pages 378-389). Therefore, contemporary phenomenologists and phenomenological researchers have come to see the process of bracketing and reduction as problematic (Moran, 2000). For example, in a recent study into resuscitation Walker (2011) a nurse-researcher, who had experienced the death of two relatives following resuscitation and was an experienced trauma nurse, felt that it was completely unrealistic to suspend her own personal experiences relating to the nature of resuscitation. In relation to conducting research which is part of my whole existence as an educationalist (and while studying for a doctorate with a professional practice orientation), I feel that it would be neither possible nor beneficial for me to attempt to 'bracket' my pre-suppositions. On the contrary, it would only serve to distance myself from the collaborative and participative approach to data collection (to be discussed in the next chapter) that I wish to engage in. Therefore, rather than attempting to bracket my preconceptions I decided to acknowledge them throughout the research process and in doing so retain a degree of objectivity (Pringle et al, 2011). This was attempted through the use of research journal that sought to capture my reflexivity (to be discussed in section 3.3) and as I engaged in the hermeneutic analysis of the data.

3.2.4 Problems of Hermeneutics

Bentz & Shapiro (1998) state that hermeneutics presents the researcher with two contradictory paths, that of maintaining the autonomy of the subject of the research (e.g. the former Foundation degree student participant's voice or

the perspective of the workplace mentor participant), while achieving the greatest familiarity with it. This perspective is similar to Benington & Hartley's (2004) argument that when researchers undertake an organisational study they must consider what value the research possesses and to whom. However, it is important to remember that in hermeneutic research (as conceptualised by Gadamer, 1976), the emphasis is on opening-up a text in order to bring out the 'horizons' of participants while recognising the influence of specific traditions; be they theoretical or professional. Indeed, Moustakis (1994) argues that 'at all points in a [phenomenological] investigation intersubjective reality is part of the process [with] every perception beginning with [the investigator's] own sense of what an issue or object or experience is, or means' (pg. 59). Therefore, the next section will discuss how I as a hermeneuticist, sought to undertake research that enabled me to capture, in a rudimentary sense, what I was attempting to understand, to ensure that my research questions had been appropriately framed and ultimately, to ensure that themes were not imposed on the data.

3.3 Researcher reflexivity

While dispensing with the notion of 'bracketing' where as a researcher I would be required to identify and 'ring-fence' my own presuppositions regarding the nature of work-based learning, I nevertheless felt that it was important to maintain a reflexive approach at the time of interviewing my participants. Reflexivity is defined as the relationship between the researcher and the object of research in an epistemological sense, where researchers reflect on their assumptions and knowledge; and personal sense, where researchers reflect on their personal values, attitudes, beliefs and how they shape the research (Gray 2009, pages 498-499). I attempted to engage in both forms of reflexivity by keeping a reflective diary that ran into two volumes. My immediate thoughts, recollections and reflections regarding each participant were recorded onto a digital Dictaphone prior to transcription into the diary. The writing-up of my diary typically occurred during the evening

that followed a day of interviewing. A photographed entry from my diary can be found in appendix 15. The use of my reflective diary enabled me to reconnect my own experience of interviewing each participant with each transcribed interview. As a consequence, I was able to address the issue that Bentz & Shapiro (1998) describe in relation to maintaining the autonomy of the subject of the research (e.g. the former Foundation degree student participant's voice or the perspective of the workplace mentor participant), while achieving the greatest familiarity with it. As I began to write up the findings of the study while maintaining my reflective diary, it became apparent that the wordings of my original research questions were not commensurate with my chosen methodology. The outcome of this process was to reframe my research questions in a way that was truly commensurate with the phenomenological paradigm that had been informed by my review of the literature.

3.4 Re-framing research questions

My original first research sub-question which was worded as: 'what are the features of 'knowing' and 'becoming' in practice of Foundation degree students?'; became reworded as 'how do former Foundation degree student participants believe they developed the knowledge to become assistant practitioners'. The second research sub-question which was phrased as 'what is the role of the workplace mentor in the support of student learning?' became 'how do workplace mentor participants support Foundation degree student's learning?' Similarly, the third research sub-question was worded as 'what are the interprofessional factors that determine work-based learning for Foundation degree students?' became 'what interprofessional factors do former Foundation degree student participants believe determine their work-based learning?' Replacing words such as 'what are...', 'what is...' and 'what do...' with the words 'how do...' enabled me to direct my consciousness (my intentionality) towards ontological concerns or the nature of being, by exploring processes and actions (or the way in which the 'the what' is

experienced). This was in contrast with how the questions had been previously worded which would have directed me more towards objects or fixed outcomes (e.g. what are the features...what is the role...). I will discuss how the phenomenological concepts of intentionality, noema and noesis are used to explain the relationship between experience and objects in section 4.9.2 of the next chapter.

3.5 Summary

This chapter began with a discussion of the origin of research paradigms in the context of humankind's quest for knowledge and the development of theories of knowledge or epistemologies, such as deductive and inductive reasoning. Although educational research has absorbed both traditional scientific and later interpretist approaches, debates continue to rage regarding the implications of empirical and post-positivistic paradigms, objectivity and subjectivity despite the importance of rigour accorded to all research activity. Similarly, debates concerning the value of quantitative and qualitative methodologies have been transcended by perspectives that consider the impact and value of history and language on notions of science and how non-theoretical knowledge or praxis might be best understood.

Informed by this debate I decided to align myself to my chosen methodology of hermeneutic phenomenology for my own study because of its close relationship to the constructivist perspectives that appear to dominate the philosophical and theoretical basis of work-based learning. An example was the concept of ontogeny. Furthermore, I argued that it was necessary to work within a methodology that was commensurate with my own educational discipline. Such a decision resulted in a significant methodological implication – to undertake a hermeneutic phenomenological study using a non-bracketed approach. While I felt it impossible to ring-fence or 'bracket' my own presuppositions, in order to undertake a research study that could still demonstrate sufficient credibility and rigour it was necessary to devise a

robust approach to researcher reflexivity. Not only did this lead to the re-framing of my research questions that had been informed by my literature review, my reflective diary (to be discussed in the next chapter) enabled me to capture the fusion of horizons that Gadamer describes is the defining characteristic of hermeneutic activity.

Chapter 4: Study Design.

Introduction

In the last chapter I made a case for using hermeneutic phenomenology as my chosen methodology because of its close relationship to the constructivist nature of work-based learning, which asserts that learners use truth and meaning to construct their personal knowledge. Furthermore, I argued that it was necessary to work within a methodology that was commensurate with my own educational discipline. I also argued that a methodology associated with participants lived experiences was commensurate with a study that seeks to uncover work-based learners' 'lifeworlds'; as the research studies discussed in chapter 2 suggest that work-based learners' lived experience is characterised by issues of identity, patterns of knowing, being and becoming. In this chapter I will present the design of my hermeneutic phenomenological study created to answer my main research question:

How does the lived experience of Foundation degree student participants compare with the theoretical basis of work-based learning?

And the research sub-questions that were re-framed at the end of the last chapter:

1. How do former Foundation degree student participants believe they developed the knowledge to become assistant practitioners?
2. How do workplace mentor participants support Foundation degree students' learning?
3. What interprofessional factors do former Foundation degree student participants believe determine their work-based learning?

I will make a case for my choice of research methods in the context of being a practitioner-researcher engaging in a hermeneutic phenomenological study

into the lived experience of work-based learning. I will also include a discussion of the nature and outcome of the pilot study that involved three workplace mentor participants. The findings and outcome of the pilot study are included in this chapter in order to demonstrate the preliminary analysis of data and as a prelude to the discussion of the presentation of the study findings using vignettes. Therefore, the final section of the chapter will discuss the creation of vignettes as a means of managing and presenting a large amount of rich and deep data.

4.1 Research method

The research method used in this study was interviewing and will be discussed in this first section in relation to my chosen methodology of hermeneutic phenomenology.

4.1.1 Interviewing in hermeneutic phenomenology

The most common method of gathering data in hermeneutic phenomenological research is through interviewing. Sorrell & Redmond (1995) argue that the purpose of the phenomenological interview is not to explain, predict or generate theory; but to understand shared meanings by drawing from the respondent a vivid picture of the lived experience, complete with the richness of detail and context that shape their experience. Therefore, the interviewer attempts to gain insight into an 'inside-out' experience of the respondent which requires active listening that shapes the interviewers interpretation of what is happening during the interview. Sorrell & Redmond (1995) state that the interview schedule needs to be structured with questions such as 'what does this mean to you?' In this sense the interviewer enables the respondent to describe the experience, rather than interpret it and requires the interviewer to ask 'how' rather than 'why' questions. Consequently, an interview must include probes as well as questions including the recapitulation probe, which involves taking the respondent back to the beginning of the experience. Informed by these

perspectives I decided to devise an interview schedule that was semi-structured. Morse & Field (1996, pg. 76) state that a semi-structured interview is useful because it gives the participant the freedom to describe and illustrate their answers, in response to short 'question-stems' and additional prompts. Therefore, I developed a range of questions and associated probes to create 'an informal, interactive process utilizing open ended comments and questions' (Moustakis, 1994, pg. 114). For example, my first question stem "can I ask you to describe to me what it was like to be a work-based learner?" was structured in order to enable the participant to focus on the phenomenon of work-based learning, while a later question "can you recall a vivid learning experience from your practice?" encouraged the participant to start to focus on a specific vivid learning event that might have led to the use of a recapitulation probe. I will discuss how my interview schedule came to be revised following the outcome of the pilot study in section 4.7.3. A copy of all versions of my interview schedules can be found in appendix 9.

4.1.2 Interviewing in this study

In order to understand the lived experience of work-based learning and work-based learners I decided to interview workplace mentors and former Foundation degree students. I felt that I had built a rapport with both sets of participants as I provide training for workplace mentors (who support Foundation degree students with their work-based learning) and through teaching the former student participants who took part in this study. Any form of observational or action research where I worked alongside participants in clinical practice would not have been possible, as I do not hold an honorary contract with the NHS hospital Trust chosen as the site of research and it would not have been practicable given my existing academic commitments. Although I was undertaking research within an organisation for which I was an outsider, the choice of interviewing seemed the most appropriate method of data collection as my participants were used to me making visits to their clinical areas in my role as a personal tutor and to

support mentors and assessors in the completion of student workplace assessments. I will discuss how I conducted interviews within the workplace in section 4.5.1 of this chapter.

It was my intention that on completion of the interview a further date would be arranged in order to facilitate participant validation through the discussion of the interview transcript, to provide the participant with a further opportunity to recount additional lived experiences. My rationale for participant validation (or member checking) included an opportunity for the participant to correct any transcription errors and to provide the participant with an opportunity to elaborate on their experiences while affording the researcher an opportunity to summarise findings ahead of formal data analysis (Lincoln & Guba, 1999). However, it became apparent during the pilot study that such a process of participant validation would not be practicable following the interviewing of workplace mentors during the pilot study; given the demands and pressures that existed within the organisation and on the hospital wards where mentor and former Fd student participants were employed. While participant validation in hermeneutic phenomenology can provide researcher and participant with an opportunity for mutual reflection (through a further face-to-face meeting as I had originally envisaged), it is sometimes regarded as a process that has as many pitfalls as benefits (Bradbury-Jones et al, 2010). I will return to the subject of participant validation in section 4.4.3 of this chapter.

4.2 Recruitment

The students studying the adult pathway of the Foundation degree and who were due to complete their courses in 2009 were contacted ahead of their workplace mentors. This enabled me to provide them with general information regarding the nature of the study, including why I was contacting their mentors and to inform them that they would be invited to take part in the study at a later date. I wrote to six workplace mentors inviting

them to take part in the study (see appendix 8) anticipating that perhaps two or three would respond and be able to be interviewed within a suitable timeframe in order to complete the initial study. The findings and outcome of the initial study involving workplace mentor participants will be discussed later in section 4.7.2 and 4.7.3 of this chapter.

4.2.1 Participants in this study

A purposive sampling approach was adopted where a sample is created on the basis the typicality of the participant sample and therefore able to satisfy the needs of the study (Cohen et al, 2000; Gray 2009). Participants were recruited from a sample comprising of workplace mentors and their mentees (trainee assistant practitioners) who were studying the adult pathway and were from the same cohort of students:

1. Interviews with eight workplace mentor participants who were all registered nurses and had mentored at least one Foundation degree student.
2. Interviews with eleven former Foundation degree student participants. The study participants were all employed as healthcare assistants in acute hospital wards.

It was anticipated (based on the data generated from the pilot study, to be discussed later) that up to 10-12 interviews with former students would be required. Eight workplace mentors would be recruited for a 'one-off' interview given their availability as qualified healthcare professionals. Recruitment was determined once data saturation had occurred (i.e. when it can be determined that no new topics appear to be being generated from within each data set). One issue relating to the recruitment of potential participants lay with the research being conducted within each participant's workplace and potentially during the organisations work time. In order to address this each participant was encouraged to negotiate an appointment

time convenient to them. Tables providing demographic information relating to the seniority, age, gender and pseudonyms adopted for workplace mentor participants; and demographic information relating to the seniority, age, gender and pseudonyms adopted for Former Foundation degree student participants, can be found in appendix 7.

4.3 Ethical considerations

In order for me to undertake this research study I had to seek ethical approval via the National Health Service Research Ethics Service. I also sought and was granted approval from the NHS Trust's Research & Development Department (the site of the research) who agreed to my request to interview their employees. Finally, I obtained formal ethical approval and sponsorship (including indemnity insurance cover) from my employing university and ethical clearance from the university for whom I am completing the research in partial fulfilment of the Doctoral award in question.

In essence, the key ethical issues relating to this research project were that:

1. Participants may have become upset or distressed when recalling past events.
2. Participants may have regretted and therefore wished to retract any comments made during interviews.
3. The potential risk associated with the relationship between a teacher-researcher and the former student (participant) should that former student decide to return to the university to engage in further study (e.g. to 'top-up' their FdSc to a Bachelor's degree).

I informed all participants that interviews were being carried out with former Foundation degree students and their workplace mentors. They were assured that confidentiality would be maintained, and specific incidents described by participants would not be shared between participants. I also explained to all

participants that their anonymity would be protected with regard to my employing university. Therefore, full assurances regarding confidentiality, data protection and a participant's right of complaint or withdrawal from the study were explained in addition to being laid out in the participant information and consent documentation (see appendix 8) in order to protect the interests of all participants and interested parties such as my employing university and the NHS hospital Trust (the site of the research).

4.4 Data Collection

In this section I will describe how interviews were conducted from the perspective of a participatory approach and how a reflexive approach was adopted in order to avoid bias and the contamination of interview data.

4.4.1 Undertaking the interviews

Interviews using a semi-structured questionnaire were conducted within the workplace at a time negotiated with workplace mentor and former Foundation degree student participants who had expressed an interest in participation by responding to the letter of invitation. Interview data was gathered using a small portable audio tape recorder and transcribed by myself verbatim to facilitate total immersion in the data. Recording equipment was identified for loan from within my university. It was not anticipated that there would be problems associated with confidentiality given that undertaking workplace student visits (where a quiet room is required) is part of my normal educational role. A signed consent form (see appendix 8) was collected prior to conducting the interview.

4.4.2 Adopting a participatory approach – an example from the research diary

The design of my interview questions was shaped not only by my chosen methodology, hermeneutic phenomenology, but was influenced by a desire to ensure that the interviewing of all participants was a mutually beneficial

experience. This was particularly relevant for former Fd student participants who had completed their Fd course at the time the interviews were being conducted and were consolidating their experience. This perspective introduced a collaborative and participative element to the interviewing process and was based on the work of Reason & Rowan (1981) and Reason (1988) who argued that the divide between researcher and participant should be narrowed in order for the research exercise to be of mutual benefit. I realised that this perspective was relevant to the pre-existing relationship that had developed with the workplace mentors who participated in this study, as I had provided training to prepare them to support Fd students. Sorrell & Redmond (1995) argue that:

‘In a phenomenological interview, the interviewer shapes the interview but is also shaped by the process...interviews are not ‘conducted’ but rather they are ‘participated in’ by both the interviewer and the respondent’ (pg. 1120).

Occasionally it was necessary to deviate from the precise wording of some of the questions. For example, during the interview of one workplace mentor (whom I had not previously met) it was necessary to re-frame some of my research questions to secure a vivid recollection:

‘Staff nurse interviewed, quite assertive and confident, enthusiastic; a ‘doer’, spontaneous. Some thoughtful responses, but realised I need to encourage participants to share vivid recollections and to reflect on their style of mentoring’ (Interview with workplace mentor 2).

During another interview I realised that I had to wait for my participant to become relaxed with me and the interview context before elaborating on initial questions, as recorded in my reflective diary:

'I sensed the interviewee was nervous and guarded with her responses at first. However, towards the end she seemed to loosen up and comment more freely...' (Interview with workplace mentor 5).

After a while I realised that when specific incidents were shared with me, be they clinical or relating to a student, it was useful to draw on my own experience as a staff nurse and as a lecturer as a means of identifying with my participants by sharing similar experiences:

'I sense more and more that validating responses given [by workplace mentors] to clinical incidents and challenges presented by a student aids the collaborative and participatory process' (Interview with workplace mentor 8).

One strategy to enhance the credibility of participant's recollections was interviewing workplace mentors and former Fd students within their clinical areas at a time just before, or towards the end, of a span of duty; when participants were in uniform and within their normal working environment. I was able to draw on my own experience as a staff nurse and nurse-mentor to validate and assess the credibility of clinical incidents recounted. This required me to be mindful of any power dynamics associated with my relationship to mentor participants, as a former senior nurse turned academic, while recognising that former students may have felt compelled to provide 'right answers' while being interviewed.

4.4.3 Adopting a hermeneutic approach – an example from the research diary

The key purpose of the reflective diary was to capture my own position as a researcher and the role of 'self' within a hermeneutic approach that led to the generation of elements and themes. The diary entry for the interview of workplace mentor 8 (see transcript in appendix 10) not only captured my attempt to promote a participatory approach, but led me to reflect on how my

own perceptions had been framed by my own experience of mentoring; which was solely within a clinical area:

'I have been surprised at how much work is done with students by mentors outside of work. Whether this presents a social opportunity or aids the learning process by being less formal, I don't know. I sense it is a pragmatic response' (Interview with workplace mentor 8).

The use of my reflective diary enabled me to engage reflexively with the experience of interviewing this participant who brought into focus my limited experience of mentor-mentee relationships operating within a clinical area, as opposed to the actual nature of shared learning revealed by two of my participants who had met while off-duty. However, this learning strategy was only recounted by one workplace mentor (Della) and one former student participant (Lizzie). The elements of 'shared learning' and 'mentor support' (presented in chapter 5, section 5.4.1 and section 6.5.2 in chapter 6) focus on how mentor and former student participants utilised shift working as a strategy for learning and support, rather than meeting outside of work as suggested by Della and Lizzie. This example demonstrates the need for a hermeneuticist to understand the context of the lived experience described by participants or the 'contextuality' within a transcribed interview. The example also demonstrates the impact of 'suggestiveness' when seeking to understand, draw together and present a range of findings in a comprehensive, coherent and appropriate manner (Madison, 1988).

4.4.4 Participant validation

The feasibility of participant validation of the transcript of the interview was attempted on a 'post and return for comment' basis with Fd student participants. The interview transcript was posted to all participants and was accompanied by a letter which included a preliminary bullet-pointed summary of the interview. Only two transcripts were subsequently returned.

The comments made on the interview transcripts from the two respondents are as follows:

Former Foundation degree student participant ('Perbinder'):

From reading the summary of your interview it was very interesting and precise. I really enjoyed reading it. From reading what was asked by you in the interview it was satisfying and full of information which I believe allows individuals who may be doing foundation degree to know, and staff to see, what impact the foundation degree has on individuals and how it ain't easy. But as long as you are determined to succeed then you will be okay. Overall, I was glad to be interviewed as it enabled me to express my feelings of doing and completing the foundation degree.

Former Foundation degree student participant ('Dani'):

The interview was interesting and gave me the opportunity to express myself about undertaking the foundation degree. Although at times it was difficult, I would advise anyone who was thinking of doing the same course to rise above the challenges and complete the course. I am so glad I did.

Perbinder and Dani seemed to find the experience of being interviewed valuable and interesting. Ann Oakley's (1981) study of the lived experience of motherhood included asking participants how being interviewed had affected their experience. Nearly three quarters of Oakley's participants stated that they found being interviewed a therapeutic experience. Additionally, Perbinder and Dani appear to anticipate that the findings of the study might be of interest to prospective Fd students and other workers who might gain an insight into the challenges and rewards of being a Foundation degree student.

Although the use of participant validation in this study appeared to be merely a process of participant feedback, it could be argued that giving participants an opportunity to correct an interview transcript or to challenge my interview summary, enhanced the validity of my study. The two respondent's comments suggest that a participatory approach was achieved with regard to the credibility of my interviewing technique.

4.5 Transcription

All of the interviews were transcribed by me verbatim to ensure complete immersion in the data and to recall, capture and identify any nuances from the interview such as pauses or emotions that might have influenced the participant's responses. An example of one of my transcribed interviews (from interview with workplace mentor 'Della') can be found in appendix 10.

The process of transcription adopted was Poland's (1999) system of abbreviations for transcribers based on symbols for pauses, laughing, coughing, interruptions, overlapping speech, garbled speech, emphasis, held sounds and the paraphrasing of others. The use of Poland's (1999) system helped to address two epistemological issues with regard to the interviewing of participants. Firstly, the degree of authority ascribed to participants accounts of their perceptions, which (according to the phenomenologist Levering, 2006) can be enhanced by asking participants to ensure that they have recalled an incident 'only in entirety'. This approach by Levering (2006) takes into account the second issue that I was concerned with when interviewing former Fd student participants and related to their ability to recall their experiences as work-based learners. Research by Robotham (2004) suggests that students can only recall aspects of their learning as it relates to constituent elements of the learning process, such as reading and note taking. Therefore, it was important for me to ensure that I utilised an approach to transcription that was robust enough to capture a wide range of linguistic expressions such as hesitation and emphasis that would indicate when a participant had recalled a particularly vivid and meaningful lived experience.

In order to manage the interview transcripts I ensured that all paper copies were numbered to preserve the anonymity of the participants. Storage of electronic and hard transcript copies along with my work laptop computer was kept in a securely locked filing cabinet located within a locked office.

4.6 Data analysis

In the next section I will discuss the nature of data analysis undertaken with interview transcripts.

4.6.1 Data analysis - interviews

Analysis of the data was based on Hycner's (1999) guidelines for the phenomenological analysis of interview data and comprises of the following stages:

1. Transcription.
2. Bracketing and phenomenological reduction [not adopted in this study].
3. Listening to the interview for a sense of the whole.
4. Delineating units of general meaning (see appendix 10 for example).
5. Delineating units of meaning relevant to the research question(s).
6. Participant validation [replacing co-researcher verification stage in Hycner's (1999) original guidance].
7. Eliminating redundancies.
8. Clustering units of relevant meaning.
9. Determining themes from clusters of meaning.
10. Writing a summary of each individual interview.
11. Modifying themes and summary.
12. Identifying general and unique themes for all interviews.
13. Contextualization of themes – comparison and critical analysis with theoretical basis of work-based learning.
14. Composite summary – writing of Thesis.

The appeal of Hycner's (1999) guidelines was the flexibility in which they could be adapted as illustrated by one study into a workplace learning programme in the USA that also used purposive sampling (Groenewald, 2004) which used the guidelines in a radically revised form (comprising of just 5 stages). I revised these guidelines to exclude 'bracketing' (as discussed in chapter 3) and to replace the use of co-researchers (no. 6) with participant validation. The use of co-researchers in phenomenological research is not uncommon and occurs when other researchers are tasked with the verification of research data. For example, Diekelmann et al (1989) process for the analysis of narrative texts (which comprised of seven stages) includes the eliciting of responses and suggestions from an interpretive team who agreed on a final draft of the findings of the study. It could be argued that the use of co-researchers as verifiers of data in phenomenological research is not commensurate with a research methodology that is participatory, as it erodes the primacy of participant's voices. Furthermore, the use of a co-researcher during data analysis would have interfered with the degree of reflexivity that I was able to engage in following contact with each of my participants, and the fusion of horizons between myself and the texts of my transcripts and documents that I was seeking to realise as a hermeneuticist, as discussed earlier.

4.6.2 Quality considerations

In the previous chapter I discussed the problematic nature of bracketing (also known as phenomenological reduction). However, I return to this concept at this point to highlight an opportunity for viewing bracketing as an issue of quality. Groenewald (2004) sees bracketing in relation to researchers being aware of their own pre-understanding and avoiding the trap of allowing their own interpretations, meanings and theoretical understanding to encroach on the participant's lived experience during interviewing. Therefore, I decided to reinterpret the concept of bracketing in the context of researcher reflexivity. Koch (1996) who undertook a hermeneutic phenomenological study into

elderly people who had experienced a fall, felt unable to bracket her personal experiences having experienced her father's death from a fall a year prior to commencing her study. She recommended the use of a reflective journal in order to capture and interpret the researcher experience. As undertaken in the pilot study, I facilitated researcher reflexivity via the use of a small digital Dictaphone which was used on the completion of each interview in order to record my own thoughts and feelings in relation to the nature and conduct of both sets of interviews (with former students and workplace mentors). My thoughts were transferred into a 'Moleskine' notebook not only as a permanent journal of my research journey but to trace any possible bias and contamination of the data collection process. The need to adopt a reflexive approach was also important during the data analysis stage where it was necessary for me to reflect on the experience of immersing myself in the data in order to make clear my own preconceptions and experiences and their impact on the generation of themes and elements.

In order to record all activity so that an appropriate audit trail can be conducted, two activity sheets were created based on documents devised by Miles & Huberman (1994); one for an audit trail capturing my activity as a researcher (see appendix 11), the other recording each stage of the data analysis process based on Hycner's (1999) guidelines for the phenomenological analysis of interviews as discussed in the previous section (see appendix 14).

The next section includes a discussion of the pilot study in order to demonstrate how the interviews were conducted, what changes had to be made to the interview schedule as a result of the first three interviews, how the transcribed interviews were analysed and what initial elements were generated from the findings.

4.7 Pilot study: Workplace Mentors

The pilot study focused on interviews with 3 workplace mentors who had all supported at least one Foundation degree student who (at the time of these three interviews) were about to complete their Foundation degree (FdSc) in Health & Social Care (adult pathway) at my employing university. Letters of invitation and reminders were sent to all three participants. Interview 1 was conducted with a recently appointed ward sister, while interviews 2 & 3 were conducted with a junior and senior staff nurse, respectively. An example of a 'data bank' that generated the element 'role and boundaries' from interviews with seven of the eight workplace mentors, can be found in appendix 12.

4.7.1 Pilot study: Workplace Mentors - data analysis

This was the first time that I had used Hycner's (1999) guidelines for the phenomenological analysis of interview data which I had revised having removed two stages pertaining to 'bracketing' and the training of additional researchers for data analysis (known as co-researcher verification). The need to transcribe the interview and re-check the accuracy of transcription using Poland's (1999) set of abbreviations proved to be essential. In all three draft transcripts (version 1.1) I found parts of sentences that I had missed, examples of overlapping and interrupted speech and remarks that needed 'emphasis'. I was able to correct these transcription errors and produce version 1.2 of each interview transcript by listening to the interview recording a second time. The next stages of data analysis were completed with relative ease and recorded in the research data analysis sheet (see appendix 14).

4.7.2 Pilot study: Workplace Mentors - initial findings

The elements generated from each of the three interviews are listed on the next page:

1. Role boundaries	2. Interaction
Learning objects	Knowledge signifiers
Processes of learning	Learning environment
Learner attributes	Mutuality
Knowledge signifiers	Co-worker

3. Role boundaries
 Learning in practice
 Mutuality
 Reflection
 Other learners

4.7.3 Outcome of the pilot study

One major outcome of the pilot study was the realisation that my interview schedule was too short as one interview had only lasted 25 minutes. I realised that a wider range of simpler questions needed to be asked in order to get participants to recall with vividness learning experiences with their mentees that involved patient care. A recent study undertaken by Vail et al (2011) into the experiences of healthcare assistants employed in GP surgeries utilised a 26 item interview guide. Despite the range of questions posed the investigators identified the persistently short length of their interviews as a limitation of the study.

Some of the elements generated from the initial study with three workplace mentor participants such as 'role boundaries' and 'learning in practice' were generated and revised as elements following the data analysis undertaken from a further five interviews with workplace mentor participants and eleven interviews with former Foundation degree student participants. However, it became apparent during my subsequent analysis of data that some of the above elements from the initial study in particular 'learning objects' and 'knowledge signifiers' had been imposed on the data and was therefore not

congruent with my chosen methodology of hermeneutic phenomenology which requires participants to speak for themselves. A hermeneutic phenomenological study undertaken by Ajjawi (2006) into how twelve experienced physiotherapists communicate clinical reasoning (as referred to in section 2.2, chapter 2), presented seven major themes that included 'learning to reason and to communicate reasoning are situated, embedded, and enriched in practice' and 'professional attributes and responsibilities are drivers of learning to reason and communicate reasoning' (themes 1 & 2, Ajjawi & Higgs, 2007, pg. 626). While these themes summarise the content of the interviews and observations undertaken by the researcher, the participants 'actual' words appear to have been discarded in favour of social constructivist terminology such as situated learning (Lave & Wenger, 1991) and the critical theoretical concept of communicative reasoning (Habermas, 1984) in order to formulate themes. In contrast to Ajjawi & Higgs (2007) it could be argued that in order to demonstrate credibility in interpretist research, where possible, the actual words of the participants need to be used in order to capture and ultimately present the lived experiences of participants when presenting the findings of a hermeneutic phenomenological study.

A table presenting elements from the pilot study conducted with workplace mentors, interviews with workplace mentors and former students can be found in appendix 13.

4.8 Vignettes and hermeneutics

One major challenge facing any researcher in the interpretative tradition is how to present data in such a way that remains true to the chosen methodology while allowing participants voices to be heard. One issue troubled me. Although I had completed the data collection and phenomenological analysis of a data set (workplace mentors), I had not revisited the text to explore it hermeneutically. Moustakis (1994, pg. 10)

argues that the completion of the hermeneutic circle allows a researcher to correct prejudgements regarding a text and in doing so, engage in a process which creates understanding which leads to new prejudgements. Therefore, while the data had been analysed in close adherence to Hycner's (1999) guidelines for the phenomenological analysis of interview data, hermeneutic analysis needed to be engaged in with regard to Madison's (1988) methodological principles. These principles state that hermeneutic researchers need to analyse texts for coherence, comprehensiveness, penetration, thoroughness, appropriateness, contextuality and suggestiveness, as previously discussed in section 4.4.3.

4.8.1 Vignettes and hermeneutic phenomenology

Therefore, in order to address the need to engage with my data hermeneutically I decided to explore the use of 'vignettes' and created two fictional-fact stories based on two notional characters, an imaginary workplace mentor called Sophie and an imaginary Foundation degree student called Michelle. East et al (2010) differentiate between 'stories' and 'narrative' in relation to the application of storytelling in research and state that stories are primarily concerned with a personal account of an experience, whereas a narrative provides a structured account that requires the researcher to contribute additional material while omitting others. Therefore, specific background material such as context and biographical information was created in order to structure the two vignettes and is fictional, whereas the participant's personal accounts of experiences are factual.

Like so many methodological concepts the use of vignettes in research has several meanings and are utilised for a range of different purposes. Sim & Wright (2000) state that vignettes can be used in order to elicit responses from research participants to notional or hypothetical scenarios and events. However, within the qualitative paradigm vignettes can be used for tapping into general attitudes and beliefs or as a multi-method complementary

approach alongside other data collection methods, to enhance existing data or generate data not collected through other methods (Gilbert, 1999). The vignettes created in this study correspond more closely to the definition provided by Miles & Huberman (1994) who view vignettes as a mechanism of identifying core issues for interim reports that can be subsequently embedded in larger case reports. Miles & Huberman (1994) state that 'a vignette is a focused description of a series of events taken to be representative, typical or emblematic...a narrative, story-like structure...a few key actors, a useful corrective when your data is coded, displayed...and lacks meaning and contextual richness (pages 81-83). Vignettes have been used by those seeking to make sense of work-based learning through a portrayal of transdisciplinary work (Gibbs, 2011) and within hermeneutic phenomenological research as a means of bringing to life the learning journeys of study participants (Ajjawi & Higgs, 2007). Therefore, I decided to produce two vignettes that would serve as the vehicle for deeper and richer hermeneutic analysis while still being mindful of the need to retain a phenomenological astuteness to my data. Indeed, van Manen (1997) states that the process of writing mediates reflection and action, while separating us from what we know, it also unites us more closely with what we know. Furthermore, writing is said to de-contextualize thought from practice while returning the writer to praxis (van Manen, 1997, pages 124-129).

4.8.2 Using vignettes to address key methodological concepts

I intended that my first vignette would enable me to see beyond the elements that had been generated from the interviews conducted with workplace mentors. These preliminary elements were role boundaries (associated with 'being' a healthcare assistant and 'becoming' an assistant practitioner; learning & teaching in practice (the acquisition of new clinical skills); learner attributes (willingness to learn); conflict & uncertainty (uncertainty of mentors, lack of awareness associated with work-based learning and Foundation degrees); knowledge signifiers (recognising pre-existing

knowledge and experience); interaction (the interface between learners and mentors); learning environment (the needs of other learners in the clinical environment); mutuality (the development relationship between mentor and mentee); co-workers (conflict with other healthcare assistants, learner status) and other learners (developing different styles of mentorship). In addition to being able to look hermeneutically at the text (Madison, 1988), I wished to grapple with some key phenomenological concepts of intentionality, noema and noesis. Moustakis (1994, pg. 68) describes intentionality as directing consciousness toward something real or imaginary, actual or non-existent. In addition, van Manen (1997, pg. 181) defines the concept as indicating the inseparable connectedness of the human being to the world; 'all human activity is always orientated activity, directed by that which orientates it (pg. 182)'. Moustakis argues that in order for intentionality to be realised, two further aspects of this concept have to be understood. Noema is said to be 'that which is experienced...the what of experience...whereas noesis is...the way in which the what is experienced, or the act of experiencing (pg. 69)'. Similarly, van Manen (1997, pg. 183) defines noema as 'that to which we orient ourselves', whereas noesis is 'the interpretive act directed to an intentional object'. The writing of the two vignettes provided me with an opportunity not only to engage with my findings hermeneutically (by utilising a fact fictional story to test my pre-understandings), but also phenomenologically, as I was able to understand the nature of my participant's lived experiences in terms of what had been experienced and how it had been experienced. Quite clearly, the concepts of noema and noesis are difficult to grasp. However they can be applied to pedagogical research in order to raise awareness of the individual and their life world; termed idiographic sensitivity as illustrated in one recent study. Ashworth & Greasley (2009) undertook a phenomenological investigation into higher education students' approaches to studying and used noema and noesis to conceptualise student's mental orientation and the subjective meanings ascribed to studying, respectively. I will return to these concepts in order to

discuss the relationship between the two themes generated from the findings of the study and my chosen methodology in chapter 7 (section 7.7).

4.8.3 Summary

This chapter has outlined the nature of the research design for a hermeneutic phenomenological study into the lived experience of former Foundation degree students and their workplace mentors using interviewing.

The outcome of the pilot study involving three workplace mentors enabled me to revise my interview schedule to include a range of simpler questions. I also realised that I was not being true to my chosen methodology as I had imposed my own labels on elements that should have been generated from the findings and determined by the use of participants own words.

The writing of the two vignettes provided me with an alternative method of engagement and immersion in my data. The next two chapters will present findings from both sets of participants, respectively, and will feature the two vignettes discussed in this chapter.

Chapter 5: Being a workplace mentor

Introduction

This is the first of two chapters that will present findings from a hermeneutic phenomenological study into the lived experience of Foundation degree students and their workplace mentors.

This chapter contains a vignette constructed from interviews with workplace mentors who were registered nurses, and supported at least one Foundation degree student. The research question relevant to the findings presented in this chapter is:

- How do workplace mentor participants support Foundation degree student's learning?

In both chapters I will present the findings using two vignettes; pieces of 'fact-fictional' writing that capture the lived experience of a notional workplace mentor called 'Sophie'. The vignette has been created in the form of a distillation of quotes taken from interview participants and will be presented in '**comic sans MS**' style font. The vignette presented is structured to include a discussion of each element generated from the interviews with participants. The term element refers to the constituents of findings from interviews that form two major themes ('learning to learn' and 'becoming an assistant practitioner') generated by the two sources of data and are discussed in chapter 7.

In this chapter each element will be defined and discussed in relation to literature and research studies. Eight registered nurses were interviewed for this study. All had supported at least one Foundation degree student towards the successful completion of the two year course.

The elements that have been generated from the interviews are as follows:

- Role & boundaries
- Involving the student
- Adjusting to each student
- Shared learning

In the following vignette pseudonyms have been used for place names (the hospital and ward), the imaginary or notional mentor (Sophie) and for participants (mentors) quoted in italics. Pseudonyms have been used for all participants whose quotes form the vignette presented in this chapter. Background material such as context (the ward and hospital) and biographical information (on the key characters) was created in order to structure this vignette and is fictional; whereas the participant's personal accounts of experiences are factual. Direct quotes taken from interviews with workplace mentors are identified in parenthesis. Page and line numbers have also been included to illustrate the distribution of direct quotations extracted from transcribed interviews.

5.1 Vignette: Staff Nurse Sophie

Sophie Pargeter had been employed on John Fox Ward for two years. Sophie had worked with Michelle (a healthcare assistant) for the past year following a change in the composition of the nursing teams on John Fox Ward.

5.1.1 'Sophie' - Role & boundaries

Sophie was aware that her mentee was struggling to develop her identity as a learner rather than her more familiar role as a healthcare assistant. At the start of the course Michelle found the adjustment to being a work-based learner challenging. Indeed, her mentor observed "They don't wear any different uniforms; they don't wear a badge as such...people that

don't work on the ward wouldn't know as such that she was doing the Foundation degree... *(Kelly, pg. 5, line 18-20)*...I think people have still treated her as an A' Grade [junior HCA] and I think that's one of the things you know I think if they'd had a uniform or something. They were that used to her being an A' Grade they sort of forget that she was actually a student!" *(Tara, pg. 1, line 23-26)*. Michelle began to gain confidence and towards the end of her first year started to explore how her role might expand towards that of an assistant practitioner. As this was Sophie's first experience of mentoring she found this particularly satisfying and said "...to see them develop their skills and work with you and learn new things was quite enjoyable however it did become difficult because of the shortness of staff and obviously because they are counted in the numbers as well, so they were kind of pulled-off to do their A' grade jobs when you are trying to teach them and you want them to learn and see different things, and I quite enjoyed like giving them opportunities to see..." *(Jane, pg. 1, line 12-17)*.

5.1.2 Role & boundaries

This first element is defined by participant's awareness of the challenges faced by their mentees as they made the adjustment from being employed in an established role as a healthcare assistant to a new role (a trainee assistant practitioner) for whom the boundaries of practice were unclear. Workplace mentors such as Kelly *(pg. 5, line 18-20)* described their experience of supporting a learner whose identity as a student could be undermined by the healthcare assistant uniform that they continued to wear. Workplace mentors suggest that this created a barrier for some Foundation degree students being recognised as trainees or indeed learners in their own right.

Kelly and Manjit stated that their team began to accept Foundation degree students on the basis of an expansion in their role and when they demonstrated knowledge of the boundaries of their practice:

'...she has been on the ward long enough now and she knows her boundaries and she'll always ask and I will try and get her to work with me' (Kelly, pg. 2, line 4-5).

'she does feel a lot more part of the team and part of the ward that she is able to help out a lot more and it's really expanded her role. I mean hopefully she will get her band 4 here...' (Manjit, pg. 2, line 25-27).

Kelly (pg. 5, line 18-20), Tara (pg. 1, line 23-26) and Jane (pg. 1, line 12-17) observed that their mentees faced a double jeopardy in being the first healthcare assistants to make the transition to become trainee assistant practitioners without having the outward changes in appearances (such as a new uniform) that other students receive. Although healthcare assistants' roles have widened, acceptance of the assistant practitioner role by other healthcare staff has proved problematic. Mackey & Nancarrow (2005) described the uncertainties experienced by assistant practitioners in a study that presented findings from four focus groups comprising of assistant practitioners, their supervisors, managers and service users within a community occupational therapy setting. The study revealed that there was uncertainty associated with issues of professional responsibility and how work could be delegated to APs whose qualifications and competences were not always recognised by existing staff (Mackey & Nancarrow, 2005). Within acute nursing settings it has been recognised that healthcare assistants have increasingly undertaken a range of clinical procedures despite a lack of formal training (Jack et al, 2004). This has led to the HCA role being poorly defined, raising concerns regarding the quality of care and patient safety (McKennna et al, 2004). Consequently, some studies have reported a blurring of the role and boundaries that exist between trained nurses and healthcare assistants

(Warne et al, 2004) particularly when it is perceived that HCAs are being misused and where professional boundaries become poorly demarcated (Spilsbury & Meyer, 2004).

It has been noted that trainee assistant practitioners undertaking Foundation degrees experience a lack of understanding of their role by fellow colleagues and that this can limit their development as AP's (Benson & Smith, 2006). One strategy to overcome this has been to release trainee assistant practitioners from their HCA roles and develop local NHS Trust competency documents to define the AP role (Thurgate et al, 2010). An analysis of 27 job descriptions from three acute Trusts demonstrated that there is a lack of clarity regarding what managers and workforce planners want their assistant practitioners to do (Wakefield et al, 2010). More recently one study using interviews and focus group discussions (Spilsbury et al, 2011) revealed that assistant practitioners' roles were overwhelmingly described in terms of what they should not do and that trainee assistant practitioners were expected to continue to complete work they had undertaken as healthcare assistants.

However, the mentor participants in this study indicate that healthcare assistants who undertook the Foundation degree in order to become an assistant practitioner faced two challenges. Firstly, their existing role as a HCA was questioned by other staff and that their mentors felt that having to wear their 'old' HCA uniform was a contributory factor, as indicated by Kelly (*pg. 5, line 18-20*) and Tara (*pg. 1, line 23-26*). Secondly, that their HCA status created a barrier to trainee assistant practitioners being accepted as students in their own right, as illustrated by Jane (*pg. 1, line 12-17*). Participants were particularly conscious of the impact of these two challenges on their mentees. Lastly, it was important for participants to see that their mentees were able to demonstrate an understanding of the boundaries of their own practice and felt that their students should be appropriately rewarded for the expansion in their role by virtue of the value of their new skills to the clinical team.

The next part of the vignette describes how Sophie involved Michelle in the care of a patient whose prognosis was poor.

5.2 'Sophie' - Involving the student

One afternoon, Jake a 55 year old gentleman was admitted to the ward with advanced pancreatic cancer. Sophie asked Michelle to help her admit Jake who was experiencing some pain on movement. Sophie recalled "I was explaining about the pain ladder, what basically we start a patient on [and] certain drugs. If that doesn't work we try other ones then obviously we sometimes have to get the pain team in and that, and I explained about other things as well like positioning the patient and finding out exactly where the pain is, what sort of pain..." (*Tara, pg. 3, line 3-7*). Michelle found this particularly interesting and asked Sophie about other opportunities to learn about pain management; particularly as she had seen that there was a section on pain in one of her module workbooks. Sophie realised that in some respects there was a limitation to the experience that could be gained on their ward and recalled her experience of rotation between practice areas as a student nurse "They're only working in that one area they are not working in other areas and this is very specialised; so she'd only have experience in this area whereas other students would have a critical care placement. They would have an elderly placement they'd have all different areas where work-based learning students don't go there..." (*Tara, pg. 3, line 36 to pg. 4, line 2*). The care of Jake provided an obvious learning opportunity but Sophie found that Michelle seemed reluctant to see beyond his prognosis "I had picked a particular patient out that I thought would be relevant to the assignment they were doing, but it was difficult again to try and get her

to look at the bigger picture not just the little area that she was concentrating on..." (*Ellen, pg. 2, line 33-36*).

Sophie recalled Sarah, another Foundation degree student that she had been co-mentoring and how she had used a similar strategy with Sarah to demonstrate the importance of taking a holistic approach "I remember teaching Sarah how to do a dressing, a small wound dressing and the aseptic technique with the trolley and how to dress the wound and speak to the patient about it; obviously the patient being post-op and the first time the patient will see the wound as well. So it was doing the holistic care and the way that I had to explain how to do the dressing and also the emotions the patient might have" (*Jane, pg. 2, line 30-35*). This experience had been a turning point for Sophie. It enhanced her ability to trust students to take on procedures that tended to be the preserve of trained nurses. This had an impact on how Sophie came to mentor Michelle as she realised that she could delegate to a higher level than she had been previously used to "I think I have been able to delegate more because my students' grown and I've grown into the mentor role with her because I was quite new to [it]. I'd only been qualified 18 months when she asked me to be her mentor" (*Sarbjit, pg. 2, line 1-3*). Not long after Michelle had started her course, Sophie was working with her on a night-shift when a patient had a cardiac arrest. This was the first cardiac arrest that Sophie had witnessed while working with a trusted colleague who was also her mentee. Sophie talked to Michelle about the arrest while using the incident as a learning opportunity "...my student said to me she was glad that we had the opportunity to talk afterwards...you sometimes forget to maybe debrief in that situation and that's really highlighted it because I'm more comfortable with my student because

we've known each other for longer. It wasn't quite as formal as a debrief, we just had a good chat about it and it made me more aware that's what we need to do with these students, to talk about situations that go a bit wrong" (*Sarbjit, pg. 3, line 10-16*).

5.2.1 Involving the student

This second element is defined by participants who sought to actively involve their mentees in a range of learning opportunities that arose within clinical practice.

Participants attempted to involve their student in quite challenging clinical situations. One such example was when Sarbjit tried to talk her student through a cardiac arrest that occurred during one shift and commented:

'I got the student involved, maybe I shouldn't have'; 'it was a lot to take in' (Sarbjit, pg. 2, line 18-21).

Aside from highly fraught emergency situations, mentors involved their students by selecting a specific patient and questioning learners on their knowledge and management of symptoms. Tara recalled looking after a patient in pain and tried to explain different strategies of pain relief:

'... like positioning the patient and finding out exactly where the pain is, what sort of pain' (Tara, pg. 3, line 6-7).

Participants and their mentees were co-workers and were required to manage a group of patients and to deliver care respectively. Therefore, due to the high levels of patient demand workplace mentors needed to secure time at the end of each shift to talk to their students, as illustrated by Sarbjit (*pg. 3, lines 10-16*).

Participants stated that they liked to involve their student in day-to-day care. This meant engaging students opportunistically in a range of situations and using particular patients as a vehicle for questioning, organising care during a shift and debriefing their student at the end of the working day. This form of student involvement is conceptualised by Eraut et al (1998) as participatory learning where learners are directly engaged in working practices as a means of opportunistic learning. Eraut et al (1998) conceptualised participatory work practices based on the measure of challenge, self-initiation and the degree of learning available from other workers and that this was dependent on strong managerial support. These key elements are said to enable the learner to build their confidence when utilising the workplace for their learning. Similarly, Billett (2004) describes the social nature of learning in relation to learning being reliant on participation within workplaces that utilise participatory practices. Where participation begins and ends within a clinical environment could be viewed with a degree of conjecture given that the students in this study were well established members of the clinical team whose contribution in care would have been essential. Eraut (1998) and Billett (2004) describe a form of participation which is active and opportunistic and requires Foundation degree students to extend their pre-existing participatory practices in order to invest in learning. From an educational perspective involving students in everyday clinical practice required a degree of professional judgement as illustrated by Francis (*pg. 2, line 18-21*), who on reflection, felt that involving her student in a cardiac arrest situation was difficult for her student to take in. However, Tara (*pg. 3, line 36 to pg. 4, line 2*) highlighted the importance of participatory learning in the context of mentees not having the same range of experience that nursing students have when being rotated around different specialities, which suggests that participants were eager to make the best of any existing or novel learning opportunities. Furthermore, Ellen (*pg. 2, line 33-36*) adopted an opportunistic approach to mentoring by getting her student to focus on a particular patient, although her mentee struggled to see the needs of the patient in a holistic sense in the

way that Jane (pg. 2, line 30-35) had done in involving her student in the changing of a dressing for a patient following surgery. Francis, Tara and Ellen attempted to use scaffolded instruction which Palinscar (1986) describes as a process whereby educators use a learning task that is particular to the learner's developing repertoire of skills. The instructor and student engage in a process of participation which leads to the gradual removal of the scaffold as a learner demonstrates increasing competence. The concept of scaffolded learning is based on Vygotsky's (1978) zone of proximal development where the distance of actual development via problem solving and the level of potential development are determined by guidance from an instructor. Palinscar (1986), whose study was undertaken with first grade students in the USA, concluded that dialogue between teacher and student is critical and that this dialogue needs to be a form of collaborative working in order for cognitive strategies to be enhanced. Her conclusion regarding the importance of dialogue in scaffolded learning points to an important aspect of the mentoring relationship that participants in this study sought to engage in as they utilised participatory practices to debrief and involve students. Manjit provided a good example of scaffolded learning when supervising a Foundation degree student who she supervised changing a patient's dressing:

'We had a look at the care plan before [approaching the patient] ... she (the Fd student) set up the trolley from looking at the care plan ...it was all clearly listed on the care plan so she was able to set up her trolley from what was already laid down there...it's the biggest dressing I've seen her do, she's got good technique ...I couldn't fault her she was very good... we only have second and third year[nursing] students on here so I always do try to find out early on what experience they've got working on a surgical ward before; if they have done any dressings you know what their level of experience is, but certainly I would not have let them go ahead and do it like I did with----- (Fd student) and would have let them watch me and maybe next time I was on that part of the ward then let them do it...' (Manjit, pg. 3, line 12-37).

In this excerpt Manjit described how her scaffolded learning would have differed by making a comparison to how she would have supported nursing students undertaking the same procedure.

The element 'involving the student' generated from the data suggests that participatory learning facilitated by workplace mentors was based solely on the prevailing needs of patients rather than particular work practices. Participants and their mentees had a relationship established by virtue of being co-workers within a particular clinical team. Mentors appeared to have adopted a strategic approach to the utilisation of each shift and the care of each patient, in order to facilitate learning while delivering direct care. Furthermore, as co-workers it was important for participants to engage their mentees in a form of debriefing; particularly when (as team members) they had to reflect on their response to a particularly stressful and intense event such as a patient having a cardiac arrest.

The next section of the vignette describes how Sophie realised the importance of adjusting her style of mentoring in response to the different characteristics of Foundation degree students.

5.3 'Sophie' - Adjusting to each student

Having supported both Sarah and Michelle in their studies, Sophie often found herself reflecting on their similarities and differences. Michelle enjoyed anything overtly practical "I remember teaching her about removing clips from a knee wound, yes...she does like doing that, anything like clips...I know she has got the grasp of that...she will do something once, if she feels confident she will want to do it again, she likes to be helpful to me, she likes to be helpful...*(Kelly, pg. 3, line 15-19)*...she's always kept up to date with her work, I have been presented with assignments for me to look through and statements that they have to

do...her competencies...it hasn't been solely me that has been doing them...I know if I haven't been here she has gone to other people as well...(Manjit, pg. 1, line 10-15)...she's been willing to take on wound care, she's done a lot of wound care with me...removing drains, if anything Michelle will go a step further...I've always found that she's picked things up quickly, I might show her something once and then she'll say can I do the next one?...(Manjit, pg. 2, line 8-11). Sophie's experience with Sarah was somewhat different in terms of the dependency that Sarah exhibited towards her mentor "...I felt that she had been holding on to me quite closely and been a bit resentful at times when I have had other students to look after as well" (Ellen, pg. 1, line 14-16). For instance on one occasion Sophie remembered challenging Sarah to think about being responsible for her own learning" You need to tell me what I need to do" Sarah said. I said "no, no, you need to tell me what you need to learn today. They were quite different in their personalities anyway; not in a bad way, one was more efficient and one was more laid back..." (Jane, pg. 4, line 38-41). Occasionally, this had led to conflict with Sarah "...my student has at times been quite demanding and has got quite stroppy when I haven't been able to drop everything and spend time with her and get her work done..." (Ellen, pg. 2, line 14-15). Conversely, Michelle had grown in confidence to the extent that she took the lead in the mentoring relationship. One thing that Sophie had realised in mentoring both students was the need to recognise their different approaches to learning. In this regard Sarah was very different from Michelle as Sophie explained "...she was concerned with the way she learnt, that she liked to learn practically, to learn by doing and then when she started the course and we were going through the layout of the course, you know, there was loads of opportunities to learn that way... I knew that she was more

practical based. I wouldn't have known that with other students" (*Sarbjit, pg. 5, line 8-16*). Having been a student nurse and worked alongside nursing students, Sophie found the ethos of the Foundation degree markedly different "...at times I have actually questioned whether I'm doing it right with the Foundation degree because it's such a new area and I have got nothing to compare it to, whereas with the students, the normal nursing students, we know what to expect; but I have questioned whether I am actually doing things right and whether I have been any help to her at times..."(*Ellen, pg. 1, line 28-34*)...If I'm honest, with the student nurses you have got to look at the year they are in and their level of ability and their level of confidence; in all honesty, so I think your mentoring style can differ. I think it has to, to be honest with you" (*Francis, pg. 2, line 41 to pg. 3, line 2*). However, having nursing students on the ward presented challenges as much for Sophie, as for her mentees "...we are in a busy acute ward with a very high turnover of patients there are times when we found it very difficult to be able to work closely with the student [Foundation degree] or any student [nursing] really...I have enjoyed, you know, working with the student I do think the area made it very difficult" (*Francis, pg. 1, line 8-13*).

5.3.1 Adjusting to each student

Adjusting to each student was particularly important to workplace mentors who described not only the attributes, but implications of their student's behaviours. Therefore, this element is comprised of student's characteristics that include:

- being willing
- keeping up to date
- showing an eagerness to learn new skills

- taking on new responsibility
- being resentful

Manjit described her student positively, although Ellen's experience was less so:

'[she's] always been very willing to learn'; 'always kept up to date'; 'she's been willing to take on wound care'; 'if anything ----- (student) will go a step further' (Manjit, pg. 1, line 10 to pg. 2, line 10).

'I felt that she has been holding on to me quite closely'; 'a bit resentful at times when I have had other students to look after' (Ellen, pg. 1, line 14-15).

In addition, a lack of self-motivation could present participants with a challenge that required them to encourage their students to take ownership of their learning, as illustrated by Jane (pg. 4, line 38). However, a practical willingness to engage in care coupled with an appropriate attitude enhanced the confidence of Della:

'She's got a very hands-on approach a very good attitude and clinically I felt good mentoring her' (Della, pg. 1, line 30).

One defining attribute that participants recognised was associated with the relationship that they had developed with their student as co-workers. This formed a basis of trust that enabled students to question their workplace mentors as described by Sarbjit:

'They question you more than perhaps your own students because they are more comfortable with you and already know you as a colleague' (Sarbjit, pg. 1, line 29).

Participants described adjusting to each student as an important process in their mentoring relationship. The important features that Manjit and Ellen described was based on the levels of dependence, whereas Jane, Della and Sarbjit characterised their mentee relationship in the context of the students taking ownership, engaging in clinical care and having the confidence to ask questions. Billett (2002) and Billett & Somerville (2004) discuss the importance of a learner's own 'agentic' transformative potential that can occur as a result of learning, as significant to the changing social demands placed on work-based learners. They argue that it is through individual engagement in learning based on an individual's relationship with their social world that the processes of thinking, acting and learning at work become one and the same; that individual identity, knowing, dispositions and values mediate learners' experiences and that transformation in the workplace occurs when individuals transform their own practice. Ellen, Della and Sarbjit's perspectives on the characteristics of their learners reflect these contrasting patterns of student engagement based on learner's dispositions, their levels of thinking as reflected in wanting to ask questions and feeling sufficiently comfortable in doing so. Billett (2008) develops his argument further by describing the position of learners as being in a 'relational interdependence'. Billett argues that social experiences encountered in the workplace are mediated by the personal agency and intentions of the individual learner. With regard to the less than positive attributes of Ellen and Jane's students it could be argued that both mentees had a misunderstanding of the degree of interdependence that was expected either between a mentor and mentee in general or a trainee AP and their mentor specifically. It is possible that Ellen and Jane's students sought a relationship with their mentor based on what they had observed occurring with nursing students, where the emphasis is on a closer form of support characterised by preparing a novice for practice.

Nursing students are allocated a mentor who may also fulfil the role of an assessor by signing-off that a nursing student is proficient (NMC, 2008).

Indeed, one study into the nature of trainee assistant practitioners undertaking a Foundation degree suggested that many students viewed their learning only in the context of particular workplace tasks and daily routine (Thurgate & MacGregor, 2009). As a consequence it is not surprising that the mentoring of Foundation degree students can, at times, prove to be challenging. It has been acknowledged that there is little literature describing mentoring for healthcare assistants (Rennie, 2007) and that mentors need to be supported in what is regarded as a demanding role (Pellatt, 2006). It is further argued that a separation of the mentor and assessor role provides an ideal opportunity for students to receive stronger pastoral support (Nettleton & Bray, 2008) rather than the dual role that is commonplace in the mentorship of nursing students. Not only were mentor participants able to make sense of the mentorship of Foundation degree students in the context of their experience with nursing students, it is possible that their Fd mentees drew on their observations of the support that nursing students received as a benchmark for their own expectations of the mentoring relationship; and did not acknowledge the dual role that registered nurses fulfil as mentor and assessor to a nursing student.

The element of 'adjusting to each student' revealed by participants in this study suggests that mentoring trainee assistant practitioners can be as demanding as it can be rewarding, particularly when mentees struggle to take ownership of their own learning or rely heavily on their workplace mentors. An absence of a tradition of mentorship for healthcare assistants appears to contribute to a lack of understanding of the needs of trainee APs as was illustrated by the comments of Francis and Ellen. However, trainee assistant practitioners probably have an advantage by having both a mentor and an assessor who will have been workplace colleagues. Although participants described learner's characteristics in terms of a willingness to develop new clinical skills embedded in the daily tasks that Thurgate & MacGregor's (2009)

study describe, it was the willingness of mentees to expand their own practice that made the experience of mentoring so enriching.

This next section of the vignette describes how Sophie benefited from mentoring Michelle through their experience of shared learning.

5.4 'Sophie' - Shared learning

For Sophie her mentorship experience had assisted in her own continuous professional development "...if you are constantly teaching people things it brushes you up on your skills. The other thing that I found I did enjoy was we did set shifts together sometimes, night shifts so to speak, which we actually organised together and we actually researched things and went through things together which to be honest benefited us both because from that side of things it was very positive...(Francis, pg. 1, line 16-22)...It's given us more responsibility obviously cause' you're overseeing Michelle and Sarah and it helps me and it helps Dave [another mentor] towards our PDRF [personal development resource folder]" (Tara, pg. 1, line 20-22). Despite the added responsibility of mentoring, Sophie felt that it had enhanced the care that she gave to her patients "...you can spend more time with the patient...I actually spent more time explaining to the student and the student then relays it to the patient so I kind of actually spent more time with the patient than I probably would usually because obviously I explain to the patient to get the consent of the patient and then carry it out; whereas with the student you're explaining it to them and then get them to explain it to the patient and then talking them through the procedure" (Jane, pg. 2, line 8-15).

5.4.1 Shared learning

This final element is defined by how participants felt they shared the learning of their mentees and how their student's new knowledge benefited participants and the wider clinical team. Shared learning was also defined by the observations that workplace mentor participants made of their mentees who sought to support other learners such as healthcare assistants studying for National Vocational Qualifications and nursing students who felt comfortable approaching Fd students.

Jane and Francis suggested that it was important for them to engage in shared learning, but this did require some organisation:

'I kind of shared the learning with her' (Jane, pg. 4, line 36).

'we did set shifts'; 'researched things together' (Francis, pg. 1, line 18).

The professional benefits of shared learning for participants were associated with meeting their employing organisation's continuous personal development requirements, as described by Tara (pg. 1, line 20-33). Tara also recognised the extent to which Foundation degree students were willing to share their learning with other students and learners and therefore demonstrated their own mentoring ability. Consequently, Foundation degree students had developed their student identity to the point that other learners sought them out as a reliable source of current knowledge:

'She has helped out the others quite a bit, not only the ones here. A lot of people go to her for help she seems to really got into to it, and everything is always up to date, yes I think she will be an excellent mentor' (Manjit, pg. 5, line 5-7).

Manjit seems to be recognising this student's potential to make a good mentor, characterised by her approachability and willingness to share her

knowledge, suggesting the student's growth in self-confidence and professional knowledge which is akin to the beginnings of self-actualisation. Roberts (2000) describes mentoring using phenomenology and characterised lived experiences such as helping, teaching, learning, promoting reflection, enhancing career-development in addition to formalised processes that require a supportive relationship. He concludes that mutual self-actualisation occurs when the latent abilities of mentees are discovered and there is personal growth in both the mentor and mentee that leads to protégés become mentors. From an educational perspective the student's ability to translate her understanding for the benefit of others indicates how work-based learners draw on their life experience and the nurturing skills that Foundation degree students possess as experienced healthcare assistants and mature students. Similarly, Raelin (2008) envisions a collaborative and transformative notion of work-based learning that can enhance a learning-to-learn orientation, provide time for interaction, alleviate cynicism, enhance diversity, reduce costs and incorporate critical reflection. A recent study exploring the impact of mentoring trainee assistant practitioners in radiography by diagnostic radiographers (Colthart et al, 2010b) revealed that participants expressed how being a mentor had been a source of knowledge for their own professional development.

This final element of shared learning suggests that participants (notably, Jane *pg. 4, line 36*; Francis *pg. 1, line 16-22*; and Tara *pg. 1, line 20-33*) saw being a mentor to a trainee assistant practitioner as a responsibility that brought opportunities for working and learning together that even involved researching particular topics with students. Shared learning was achieved when mentors and Foundation degree students arranged to work shifts together. The nature of shared learning involved mentees, as other workplace learners such as nursing students, received support from Foundation degree students and in doing so demonstrated their own ability in mentoring.

5.5 Summary

This chapter has presented four elements that reveal how workplace mentor participants support Foundation degree students' learning. The elements presented in this chapter suggest that the role of workplace mentor involves supporting students as they begin to develop their new role as a work-based learner and assisting students to expand the boundaries of their practice as trainee assistant practitioners. Workplace mentors appear to achieve this by involving their students in clinical practice and adjust their style of mentorship to the needs, characteristics and attributes of different Fd students accordingly. Workplace mentors appeared to have enjoyed the experience of supporting Fd students and stated that knowing their mentees as colleagues assisted in the establishment of their relationship. Finally, workplace mentors seem to benefit from the shared learning that occurs throughout this process in terms of their continuous personal development as they learn from, as well as with Fd students.

The next chapter will present further research findings that have generated five elements that reveal the experience of being a Foundation degree student.

Chapter 6: Being a Foundation degree student

Introduction

This chapter describes the experiences of eleven former Foundation degree students who participated in interviews. The research questions relevant to the findings presented in this chapter are:

- How do former Foundation degree student participants believe they developed the knowledge to become assistant practitioners?
- What interprofessional factors do former Foundation degree student participants believe determine their work-based learning?

I will use the same framework used in the previous chapter for the presentation of my findings. A vignette will be presented in '**comic sans MS**' style font featuring a notional student called 'Michelle' that includes a discussion of each element in relation literature and research studies. Elements have been generated from interviews with former Foundation degree students in order to determine the two major themes ('learning to learn' and 'becoming an assistant practitioner') that will be used to answer the research questions in chapter 7. The elements that have been generated from the interviews are as follows:

- Conflict
- Becoming a learner
- Being a team player
- Role & recognition
- Mentor support

In the following vignette pseudonyms have been used for place names, the notional mentor (Michelle) and for participants (former students) quoted in italics. Direct quotes taken from interviews with former students are

identified in parenthesis; for example (Mel, pg. 4, line 25-28. Male as well as female pseudonyms have been used to reflect the gender mix of this participant group. Page and line numbers have also been included to illustrate the distribution of direct quotations extracted from the data (eleven transcribed interviews).

6.1 Vignette: Trainee Assistant Practitioner Michelle

Michelle had been employed on John Fox Ward as a healthcare assistant for ten years. Initially, Michelle had worked part-time while her children were at school, but had gone full-time when her youngest daughter entered the sixth form. Michelle had successfully completed her NVQ level 3 and was interviewed for the Foundation degree course that had been advertised in the hospital Trust. She enrolled for the April intake.

6.1.2 'Michelle' - Conflict

On her return to John Fox ward Michelle experienced a range of negative reactions to her commencing the Foundation degree "there was a lot of grief actually at the beginning of the course; quite a few people on here didn't like the fact that I was doing it, so I used to get it in the ear quite a lot from people" (*Mel, pg. 4, line 25-28*). She was really surprised by this response as John Fox ward always had student nurses who often returned to the ward for further placements.

Michelle began to reflect on her identity at work and why she was finding it so difficult to be recognised as a student in her own right "we never had different uniforms we were always seen as an A' grade; other people that came on the ward they didn't know that you was doing a Foundation degree...whereas the students used to be supernumerary they could do

what they wanted, get to go to all sorts of things whereas we could only do that if there was enough staff and obviously working with our mentor as well if they had another student as well that student would take priority not being supernumerary on the ward" (*Tori, pg. 4, line 20-27*). Some of the older staff nurses appeared to be quite dismissive of the nature of the course and the role of the assistant practitioner "the staff nurses who had been there years were sort of 'oh they're bringing the SENs [State Enrolled Nurses] back again' they didn't really know the role they were sort of, you know, sort of against it" (*James, pg. 1, line 26-28*).

6.1.3 Conflict

This first element is defined by the hostile and negative responses of fellow healthcare assistants and registered nurses that participants encountered shortly after they commenced their studies.

Dani's colleagues struggled to understand the need for her attendance at university:

'People didn't understand why I had to be away from work so much when I was doing my study and that caused a bit of conflict between us on the ward...' (*Dani, pg. 1, line 8-10*).

For Sara the source of conflict arose from her fellow healthcare assistant colleagues. This led to a confrontation:

'Some healthcare assistants didn't like it at all. I found I was getting spoke [sic] about behind my back and I found that it was the way I was being talked about;...things like I don't know my role anymore...that had to be resolved with having like a meeting with healthcare assistants where I had to like debrief them of my feelings and how

exactly what I am doing now, my role and how I found I was working, because they did lack a lot of knowledge behind the course' (Sara, pg. 2, line 1-8).

Pearl and James experienced a somewhat subtle form of hostility from registered nurses, who either struggled to make sense of the assistant practitioner role, or likened it to the reintroduction of the second level (Enrolled) nurse; a role that had been phased out in the early 1990s. These two quotes demonstrate that trained nurses sought to diminish the assistant practitioner role even though they lacked understanding:

'there's a lot of staff nurses, especially the ones who have trained a long time ago feel that we aren't an A' grade or staff nurse but something in between, so I felt they thought I was trying to be something I was not or that I'm trying to be a staff nurse but cutting out the bits...' (Pearl, pg. 2, line 11-15).

'some of the other people who are the same grade as me were a bit sort of funny about it and then some of the staff nurses who had been there years were sort of 'oh they're bringing the SENs back again' they didn't really know the role they were sort of you know sort of against it, but most people were really, really supportive' (James, pg. 1, line 25-29).

According to Hogg & Vaughan (2008) 'perceptual cues' are used by people to categorise others and that categorisations are tried-out when they are readily accessible. Hogg & Vaughan (2008) state that salient categorisations (such as an obsolete occupational group) are stored by individuals and used as prototypes classed as 'fuzzy sets' as they lack precise attributes. Therefore, the concept of saliency is relevant to the readiness to which an old categorisation was used to dismiss the trainee assistant practitioner role when state enrolled nurses (SENs) had been referred to. The example relating to trainee APs being understood in the context of SENs is best understood when it is realised that category prototypes not only accentuate similarities but differences, between

groups: 'If the categorisation fits, in the sense that it accounts for similarities and differences between people satisfactorily [through a structural fit such as an old occupational category] and it makes good sense of why people are behaving in particular ways [a normative fit – engagement in nursing work], then the categorisation becomes psychologically salient (Hogg & Vaughan, pages 127-128, 2008).

Participants were on the receiving end of conflict from their colleagues due to the need to take study days and as a result of staff either not understanding the requirements of the Foundation degree course, the role of the trainee assistant practitioner, or both. It has been noted that learning opportunities for specific grades of healthcare workers (especially healthcare assistants) can be remarkably disparate within the NHS as a result of opposition from and the boundaries between professional groupings (Francis & Humphreys, 2002). It is not without significance that some of the most vociferous opposition encountered by participants such as Dani (*pg. 1, line 8-10*) and Sara (*pg. 2, line 1-8*) came from other healthcare assistants who may have been unsuccessful in their attempts to apply for traineeships and therefore a place on the Foundation degree course. Sebrant's (2008) study demonstrated how emotion and power relations had a direct impact on the quality of work-based learning within a healthcare context which was characterised by disappointment and envy expressed by other workers who perceived work-based learners as gaining an advantage. However, in Sebrant's (2008) study such emotions were displayed less explicitly and directly, which mirrors the response from qualified staff that James (*pg. 1, line 25-29*) received. For example, in Sebrant's (2008) study envy was displayed in behaviour characterised by a critique of the form of learning rather than of the learner directly. However, Scheeres' study (undertaken in Sweden) was undertaken in a different clinical setting to this study and primarily focused on the relationship between healthcare assistants and trained nurses as co-learners. Scheeres et al (2010) undertook interviews in a study that explored the attitudes of employees to the

acceptability of learning at work and revealed how learning, learners and co-workers were talked about. The findings from this study suggested that learning and the identity of being a learner were sometimes resisted in the everyday culture of work as illustrated by Sara (*pg. 2, line 1-8*) who felt she had to confront her colleagues.

This first element of conflict demonstrates that workplace support appeared to be dependent on the extent to which participants were allowed to be recognised as learners in their own right, as much by other healthcare assistants as trained nurses. Furthermore, some members of staff regarded the taking of study days as a form of 'absence' that was distinct from practice-based learning. This suggests that they did not value the attendance of university for teaching to the same extent as they did learning in the clinical area.

6.2 'Michelle' - Becoming a learner

One of the reasons that Michelle had decided to do the Foundation degree was that she simply felt she could 'do more': "I used to get quite frustrated because as a HCA you are really limited to what you can do with patients" (*Pritti, pg. 1, line 29-30*). However, making the transition from her own role as a well-established healthcare assistant to being a learner seemed to clash with day-to-day clinical demands "it was like well you're an A' grade so you've got to do these first, well you've got to do the washes before you can do this and it was almost like there was almost like set...as an A' grade you come in and do the washes and do this and do that and then if you get a bit of time you might be able to do something" (*Mel, pg. 1, line 33-37*).

Michelle's mentor was staff nurse Sophie Pargeter. Sophie's role was to provide pastoral support for Michelle, sign-off her module workbooks and

to undertake formative practice based assessments. Although Sophie was fairly new to John Fox ward, Michelle liked Sophie as she had worked as healthcare assistant herself, prior to starting her nurse training.

Towards the end of the first year Michelle began to realise the value of her experience and the amount of knowledge she already possessed "it brought up that I had more knowledge than I thought I did...things that you pick up along the way that you don't necessarily think about all too often but when you are put into a situation. I actually knew more than I thought I did when I was posed questions about the patient and care and treatment plans and things like that" (*Ivan, pg. 2, line 35 to pg. 3, line 2*). At the start of the course like many students, Michelle could not see the relevance of some subjects "when you are in Uni and doing law and ethics and you are thinking 'I don't know what this has got to do with anything?' but then afterwards you realise...like even now we have had a mental health patient in and they are all talking about all these things and even though I didn't do the mental health course, some of things in it like ethics, and then you realise, and that's where you have remembered it from the course you know and it all links in at the time when you are doing it you are thinking what's this got to do with anything? But it has because you realise how much you did learn from it, but you don't when you are doing it" (*James, pg. 2, line 37 to pg. 3, line 5*).

6.2.1 Becoming a learner

The element of becoming a learner is defined by the adjustment that participants made to being recognised as a learner within a clinical environment unused to work-based learning, in addition to making a return to learning and study after many years.

Tori described having to adjust to her new status as a learner within an environment unfamiliar with work-based learning:

'...it was quite hard because the ward had never had someone who that had done work-based learning before, so obviously it was getting everyone to know what you was actually doing and that sometimes when you was at work you did have to do other things as well doing some work or talking to patients and finding something out so like you've got other priorities as well as your work but then you've got to be aware of...' (Tori, pg. 2, line 3-8).

Becoming a learner was also defined by Virginia in terms of making the adjustment to learning in a theoretical as well as a practical sense. This was described in the context of not having engaged in academic work for some time:

'I am more of a practical person than I am a theory person. I did find the book work quite hard you know, trying to find the information that you needed and the understanding of it...the brain has kind of got into its own mode whereas having to look for things and find out things has made me kind of reopen it up again, you know, in that respect and I did find that hard' (Virginia, pg. 3, line 9-14).

Although all Foundation degree students were allocated both a workplace mentor and an assessor, Sara felt her progress was hampered by the need to secure learning time with mentors:

'with the mentors and assessors because it was all new and it was very hard to get them keeping up to speed with signing workbooks and meeting because they were members of the team on the ward on a daily basis when you come in as a student you're not actually recognised as a student I found that sometimes my mentor probably got lost in limbo and probably forgot that actually I'm here as a student today rather than as a normal healthcare assistant' (Sara, pg. 2, line 12-18).

Therefore, becoming a learner was strongly associated with making the transition back to academic work and by meeting the requirements of the course in terms of reading, writing, preparing and submitting written work, as illustrated by Dani:

'when I first started doing the degree I found it really, really difficult being out of [secondary] school for so long and then trying to be re-educated if you like. I found that really, really difficult errrrmmm...it was like going back to [secondary] school a little bit for me. There was things that I needed to do, things like when I was doing my maths I wasn't very good at maths and that became a real issue for me errrrmmm...writing out an assignment because I had never put one together before was a bit of an issue errrrmmm...so in the beginning it was quite hard. However I did really enjoy doing the research; that was the most interesting bit of the work...' (Dani, pg. 1, line 34 to pg. 2, line 6).

Having experienced conflict while becoming a student, some participants defined becoming a learner in the context of being able to recognise and draw upon their hidden knowledge as illustrated by Ivan:

'I actually knew more than I thought I did when I was posed questions about the patient and care and treatment plans and things like that; (Ivan, pg. 3, line 1). The advantage is you have got your clinical practice which you can implement straight away whereas if you were a full time learner it's difficult to get that practice actually into effect sometimes you can lose out by having to wait to implement it into your practice' (Ivan, pg. 4, line 8).

Becoming a learner afforded Sara a more effective opportunity to gain new knowledge:

'I found I learnt a hell of a lot more than probably what I'd done if I was sat in uni learning in that sense, practical and hands-on you learn a lot quicker' (Sara, pg. 1, line 9-11).

Becoming a learner is also defined by the degree to which members of staff were actively engaging students in opportunities for new learning as James commented:

'because they knew I was doing the course they sort of involved me in when something was going on and said 'do you want to come and have a look?' because they knew I was learning' (James, pg. 1, line 30-33).

Participant's experience of becoming a learner was characterised when they realised their hidden knowledge, particularly when they had been exposed to new learning experiences by workplace mentors as illustrated by Ivan. Sara particularly valued practical learning and the degree to which their theoretical knowledge could be applied almost immediately. Arranging to spend time with particular members of the clinical team provided students with fresh insights that could be implemented on their return to the ward (as illustrated by Dani (*pg. 3, line 10-18*), while reflection on practice provided participants with an opportunity to reflect on untoward incidents or the outcome of particular patient interventions such as the use of an assessment tool.

Eraut (2000) described three types of hidden or tacit learning; the ability to understand people and situations; the understanding of routinized actions; and the tacit rules that underpin intuitive decision making. Eraut's perspective draws on the work of Polanyi (1958) who described tacit knowledge in the context of communities centred on artistry and craft-knowledge, and Habermas (1984) who argued that knowledge becomes internalised as a result of the legitimization that occurs within communicative actions that reinforce shared values that are normative and prescribed. It is not surprising that participants realised their hidden knowledge when questioned about patient care (*Ivan, pg. 4, line 8*), during routinized actions and when planned care was subsequently modified. Eraut (2000) identifies six

different situations where tacit knowledge may be either acquired or used, or acquired and used simultaneously; one of which relates to knowledge being constructed from the aggregation of episodes in a person's long-term memory. This typology of tacit knowledge appears to capture the type of situation described by Ivan when their hidden knowledge comes to the fore when faced with a clinical incident that would have occurred previously, leading to a student drawing on a store of similar patient episodes and clinical outcomes.

Despite her academic success Mel seemed reluctant to dispense with her memories of earlier scholastic experience and highlighted the impact of having developed a curiosity for knowledge as a result of her studies:

'Yes I've got this job [as an assistant practitioner] yea I've got this but I do kind of miss looking at things and reading about things and I miss that quite a lot. I didn't think I ever would, I was just terrible at school and hated school, I wasn't academically minded, but I do like to know why things work and now I think aaahhh...I will have a read of that now which I never used to do before because I never cared, but now it's okay, why is that happening now...? Trying to find out why things happen' (Mel, pg. 3, line 39 to pg. 4, line 6).

Participant's experience of becoming a learner in an environment unused to work-based learning proved to be challenging as illustrated by Tori and Sara. Virginia expressed the challenge of learning to learn in a theoretical as well as practical sense. For Dani and Mel this experience was overlaid by memories of school; and for Tori, difficulties with members of staff who struggled to recognise her as a learner. These challenges and adjustments appeared to be transitory with participants developing a curiosity for new knowledge. Anning (2001) presented findings from a small study into work-based learning amongst practitioners employed in a children's service, who engaged in a learning programme that resulted in tension as pre-existing knowledge

came to be questioned as a result of a new learning experience. Anning states that having to deconstruct knowledge (what I know) has an impact on the identity of the learner (who I am). This study is particularly relevant to trainee assistant practitioners who as experienced healthcare assistants possess practical knowledge, but lack underpinning theoretical knowledge as indicated by Virginia (*pg. 3, line 9-14*). Anning's (2001) study highlights the value of a workplace mentor when a professional identity becomes destabilised in the face of new versions of knowledge. Knowledge in work-based learning is closely associated with the existing knowledge base of students which will have been created as a result of previous learning experiences; both formal and informal; an obvious example being memories of secondary school that Dani (*pg. 1, line 34 to pg. 2, line 6*) and Mel (*pg. 3, line 39 to pg. 4, line 6*) alluded to. This process is referred to as ontogeny (Billett, 2002b) and is characterised as the product of participation in different and overlapping social practices that shape an individual's learning to create a personal history shaped socially through historical, cultural and situational factors encountered throughout life. Billett (2008) later argued that there is a need to look beyond situated workplace accounts of learning in order to understand the impact of learning throughout life. He argued that a worker's learning identity and sense of self have been influenced in person-dependent ways from a history of relations within social practices. Although Mel (*pg. 3, line 39 to pg. 4, line 6*) celebrated her double achievement of graduating with a Foundation degree and securing an assistant practitioner post, her learning identity was still tempered by her earlier scholastic experience.

The element of becoming a learner revealed by participants was characterised by the need to make sense of practical and theoretical learning. Participants drew on their experience of school as a baseline for their adjustment to the course and their progress as students. The degree to which a student was recognised as a learner within their workplace was significant to the extent of progress that they perceived they could make as work-based learners. The

element of becoming a learner in this study indicates that participants were not only being nurtured by their workplace mentors, but had sufficient motivation to realise a wider range of learning opportunities within their host organisation. Furthermore, participant's hidden or tacit knowledge was associated with their previous experience of similar patient episodes that were uncovered through a questioning approach by workplace mentors in the face of patient's needs.

6.3 'Michelle' - Being a team player

During the second year, Michelle's role as a trainee assistant practitioner began to flourish as she found herself in a range of different clinical situations that required her to draw on her wider repertoire of knowledge and skills. One afternoon, Simon a 72 year old gentleman began to have chest pain on the ward. Sophie immediately called the on-call senior house officer while Michelle undertook an electrocardiogram "there was irregularities on the ECG that I managed to pick up which I was quite impressed with myself it's not something you...it's...I find ECG's quite difficult to interpret and even the basics can be a bit of a problem sometimes" (*Ivan, pg. 3, line 6-8*). Simon was on the ward for several months and Michelle got to know his family very well. Simon had a number of long term conditions. Therefore, planning his discharge home was complex. However, it was Michelle that the family turned to when a multidisciplinary team meeting (MDT) was arranged to discuss Simon "that was another time...the main thing was my confidence I felt so much more assertive and more confident in myself to do it...I was able to speak up and say well this is one of my worries about the patient going home and being able to actually bring it up and the whole room was listening to me and my views and together we was able to pull the discharge together for a couple of days later. I found I had that relationship with the family

that they could tell me exactly what their concerns were and when given the chance to go into the MDT" (*Sara, pg. 3, line 18-36*).

6.3.1 Being a team player

Participants found that the acquisition of new skills enabled them to widen the scope of their practice including acting as patient advocates. Therefore, this element is defined by the extent to which participants were able to become stronger team players through the possession of a wider range of clinical skills and knowledge.

Participants felt they were being a team player when they were able to expand their scope of practice. One example was associated with the 'patient handover' that straddles each shift change-over on all hospital wards. As a healthcare assistant, Virginia had previously been excluded from the patient handover on the grounds that she was required to meet patient's needs at a time when her registered colleagues were 'handing over' their patients:

'I felt more useful...errrrmmm...I felt as though I was more a part of the team that I wasn't just me helping you going to do this, going to do that, you know I got included in like when they were doing handovers, I was more involved in handovers...' (*Virginia, pg. 2, line 17-20*).

Participants felt they were a team player when they received feedback from senior nurses and found themselves being asked to attend and contribute to the handover of patients that occurred during shift changeovers. Participants also felt appreciated by nursing students who felt more comfortable approaching a Foundation degree student than a registered nurse, when information was required. A key concept associated with how work-based learning occurs in specific contexts is associated with the situatedness of learners in their particular work contexts. Eraut (2000) argued that situated learning within the workplace may not lead to local conformity, but to greater

individual variation as people's careers take them through a series of different contexts.

The participants in this study appear to be referring to the nature of interprofessional working that exists within their clinical environment with regard to professional relationships between different levels or bandings of nursing staff. In this study I refer to the term 'interprofessional' in the sense of the nature of interactions that occur between professionals who have joint working goals, as opposed to the terms multidisciplinary (where groupings of professionals work together); transdisciplinary (where professionals work across professional boundaries); or interdisciplinary where a team of individuals with different training backgrounds share common objectives and make a complementary contribution to patient care (Leathard, 2003).

There are a small number of studies into work-based learning that capture the impact of this type of interprofessionalism within a clinical environment. Moore's (2007) Dutch study was based on the outcome of a number of workshops established to explore healthcare worker's experiences of work-based learning. Moore concluded that the nature of pre-existing interprofessional working patterns has a significant impact on the readiness of healthcare workers to accept a work-based learning pedagogy. Similarly, one recent study (Kubiak et al, 2010) which explored the experience of Foundation degree students highlighted the supportiveness of the workplace and its ability to meet the specific needs of students as being particularly significant to their success as work-based learners. However, as has been seen with other elements in this study such as conflict, becoming a learner and role and recognition, the degree of supportiveness of the workplace can not only impede but even prevent participants from developing and becoming assistant practitioners. This element of the study, where participants described being a team player, indicates the nature of the interprofessional situation that arose from being a trainee assistant practitioner. In terms of the

professional hierarchy, participants became more of a team player in a vertical as well as horizontal sense. Being a team player was characterised by being able to attend and contribute to the handover of patients. This was particularly important in relation to participants gaining access to a platform in which they could comment on the nursing care of patients and have their perspective and opinion heard.

6.4 Michelle' - Role & recognition

Inevitably, as Michelle worked towards the completion of her Foundation degree her identity as a healthcare professional began to emerge as her colleagues began to understand the potential of the role of the assistant practitioner. This occurred in relation to specific skills like phlebotomy "suddenly it wouldn't be just your staff nurse asking you, you start to get targeted by the doctors" (*Sara, pg. 1, line 18-19*), but she also realised she had developed a different profile for herself "I did find I was getting treated a lot more differently because they were more aware that I was learning a lot more things in the clinical area and at the same time they were aware of the way they were representing themselves on the ward and how they were doing certain practices on the ward" (*Perbinder, pg. 1, line 39 to pg. 2, line 4*). Although Sophie continued to be her mentor, Michelle began to be involved in the support of other workplace learners and it made her begin to consider other aspects of the assistant practitioner role "I find I want to help a lot of the NVQ students because I can relate to how they might be feeling doing assessments, being observed, because I have been through it myself but I like to help and I have helped quite a few staff on my ward and they have said to me why don't you do your assessors course that's something I might look into doing" (*Perbinder, pg. 5, line 20-25*).

6.4.1 Role & recognition

This element is defined by participants who were able to become assistant practitioners and assume their new role in addition to participants who felt that their employers had not recognised their development, or secured an AP role on the participant's ward.

Participants described their journey from being a healthcare assistant to becoming an assistant practitioner and that this transition was characterised when they received forms of recognition. Recognition was often associated with the acquisition of new skills which enhanced their role and how they were valued by their clinical team as experienced by Sara:

'To start off with I didn't have much change in my role but then coming into the second year your role goes from a healthcare assistant to more like an assistant practitioners role where you've got these extra skills'; 'you are becoming more in demand within the clinical area like somebody needing bloods for instance suddenly it wouldn't be just your staff nurse asking you, you start to get targeted by the doctors' (Sara, pg. 1, line 14-19).

Seeing a change in their role and receiving recognition for their hard work was not common for all participants, even though the scope of their practice widened as new skills were acquired, as Pearl recounted:

'I feel really disheartened that we have done all this work and I can do a lot more on the ward now and I do, do, what I can and it's not being recognised at all' (Pearl, pg. 4, line 12-14).

When participants began to be recognised for their changing role they also began to be treated differently by other staff. Some registered nurses appeared to become conscious of Foundation degree students new

knowledge. As a consequence their behaviour in practice changed as described by Perbinder (pg. 1, line 38 to pg. 2, line 3) who observed how staff had begun to conduct themselves differently. James was rewarded with an assistant practitioner post and a change to his salary. Therefore, the element of role and recognition is also associated with formal organisational recognition of the assistant practitioner role:

'In our Trust you are supposed to be a band 4 and I'm a band 2 now but because I have done the course I am moving up to a band 3 because of the extra little things I can do because obviously they have seen what the course has...how its helped me and seen what I can do they have given me a band 3 which is good but hopefully I will be getting a band 4' (James, pg. 4, line 10-15).

A further explanation associated with the element of 'role & recognition' can be drawn from social psychology and the concept of saliency. Fiske & Taylor (1991) describe saliency when 'One feels conspicuous, that all eyes have a single target and that one's every move is over-interpreted' (pg. 248). The element of 'role & recognition' when workplace mentors observed the development of their student's role as assistant practitioners, accords with the concept of saliency. According to Fiske & Taylor (pg. 248, 1991) not only are the causes of salience associated with the immediate context, but the prior knowledge possessed by the 'perceiver' - the individual who perceives that the 'other' is salient. Therefore, the above quote is a good example of how a change in role was regarded as unusual for that person (i.e. as a healthcare assistant) and therefore unusual with regard to that person's social category. Fiske & Taylor (pages 250-252, 1991) state that a consequence of social salience can include increasing influence within a given group. Weary et al (1989) discusses saliency with regard to attribution and argues that a person's saliency is relative to their immediate context by being novel or by being figural. An example of being figural was the unfamiliarity of the award that students were studying for and quite simply, what a 'Foundation' degree

actually was. The element of 'role & recognition' indicates a degree of increased 'figurality' due to the increase in the student's profile (as a trainee assistant practitioner and an undergraduate), but also her enhanced mobility within the clinical environment as new skills were being learnt and recognised.

Participants expanded their role by learning new clinical skills such as phlebotomy which resulted in them being targeted by medical staff when patients needed to have blood taken, as indicated by Sara (*pg. 1, line 14-19*). Not all participants received the recognition they felt they deserved despite an increase in the range of their clinical skills, although some received formal recognition of the role in the form of clinical re-grading. The impact of the participant's new role and the recognition that this afforded them resulted in some staff becoming more conscious of their own practice. Spence (2002) argues that workplace learning can be a problematic activity that may not result in the celebration of employee empowerment, but can lead to an entrenchment of existing power relations. Therefore, while all study participants were employed by an NHS Trust that embraced a 'learning organization' identity, the basic structure and purpose of such an organization may remain largely unchanged. Spence (2002) argues that there are many different interpretations of workplace learning. Organisations are not unitary (with everyone in the organisation sharing exactly the same goals) but pluralist, with different interests that sometimes coincide and sometimes conflict. Similarly, Berg & Chyung (2008) undertook a study to investigate factors that influence informal learning in the workplace and the types of informal learning activities people engage in using an anonymous online survey of 125 professionals. They concluded that the presence of individual learning, especially informal learning was not strong enough to demonstrate a relationship to an organizations learning at large. Although this study was undertaken in relation to an e-learning programme within a private company, the authors make an interesting observation; the tacit nature of informal

learning makes it a challenging subject to study as it is often embedded in daily activities that individuals are unable to recognise and therefore take for granted. Similarly, Eraut (2004) argues knowledge may be regarded as simply part of an individual's capability for the job rather something to be learnt. One small study (Macleod & Lyon, 2007) that explored the challenges of facilitating work-based learning in healthcare settings stated that the success of work-based learning was greatly affected by the pressure to deliver health services in addition to a lack of appreciation of the resources required for the enhancement of effective life-long learning. A recent study that looked at the challenges and opportunities associated with the introduction of assistant practitioner roles using three case studies of NHS acute hospital Trusts (Spilsbury et al, 2011) found that the operationalization of the AP was blurred by tensions between the vision of the NHS Trust and practical realities at ward level. Consequently, many ward managers did not understand the AP role which left trainee assistant practitioners to negotiate their own role at ward level, as was experienced by Pearl (*pg. 4, line 12-14*).

The element of role and recognition in this study demonstrates that participant's personal development had a horizontal impact on the practice of others. Clinicians were quick to utilise the new skills acquired by trainee APs while some nursing staff appeared to adjust their behaviour when working alongside trainee APs.

6.5 'Michelle' - Mentor support

The relationship between Michelle and Sophie had been critical. There had been some really tough times when Sophie had needed to provide a lot of support and encouragement. This in turn, had made her realise the critical importance of coaching and mentoring "Understanding, knowing what they are going through, explaining yourself properly...and being there for them really, I think you need support I think you really need

that support from your mentors more than probably anybody else in the world" (*Mel*, pg. 4, line 37-40).

An incident that would always remain in Michelle's mind related to her lowest point and encapsulated what it had meant to be a work-based learner "it was Sophie who turned round and said to me 'it's not what you are going to get out of this it is the knowledge you are going to get out of this, please don't pull out' and it was that really, that made me think well yea at least I've got that and she actually turned round and said 'you haven't got to stay here Michelle, you can go when you've got it you can go don't do this to yourself, don't throw it away' and it was her that when I spoke to her that time that made me continue and she made me carry on..." (*Mel*, pg. 5, line 8-15).

6.5.1 Mentor support

The final element is defined by the nature of the support provided to participants by their workplace mentors. It is associated with how participants worked with their workplace mentors and the support they received in order to succeed with the course and complete practice-based assessments.

Ivan valued his mentor as she had adopted a questioning approach:

'she was very supportive errrrmm...asked me a lot of questions if I didn't know the answer she told me where to look for the answer rather than just giving me the answer so although it was enjoyable to work in the clinical area I had something to go away and work with as well' (Ivan, pg. 3, line 12-15).

Mentor support could only be secured when mentors were accessible. Therefore, Lizzie arranged to work shifts alongside her mentor and was even able to contact her outside of working hours:

'We did a lot of shifts together errrrmmm...so we were able to sit down together on a regular basis'; 'she was always there on the phone for me she was always there if I ever needed her I mean I did have a few problems, she helped me get through them' (Lizzie, pg. 2, line 9-15).

A quantitative study by Kirby et al (2003) identified a range of additional factors that characterised supportive learning environments for work-based learners, such as good supervision, choice in working activities, independence as well as workload. Participants such as Ivan and Lizzie appeared to value a supportive working relationship with their mentors that included a questioning approach rather than simply having information imparted to them.

This final element of mentor support has indicated some of the key values associated with successful mentoring relationships described in the nursing literature and discussed in chapter 2. Themes such as befriending, using a scaffolded learning approach during clinical procedures and adopting a questioning approach, were also revealed by workplace mentor participants in the previous chapter.

6.6 Summary

The findings from the interviews with former Foundation degree student participants indicate that becoming a trainee assistant practitioner and work-based learner caused some conflict as trainees sought to be recognised as something other than a healthcare assistant. Participants also described how gaining new skills and a deeper knowledge enabled them to become a

stronger member of the team which in turn led to recognition for their changing role and that the support of a mentor underpinned this process.

This chapter has presented five elements that reveal the experience of undertaking a Foundation degree in order to become an assistant practitioner. The themes of 'learning to learn' and 'becoming an assistant practitioner' will be discussed in the next chapter in order to answer the research questions and to compare and contrast the lived experience of Foundation degree students with four models that attempt to portray the theoretical basis of work-based learning.

Chapter 7: Discussion

Introduction

In the previous two chapters findings were presented from interviews with eight registered nurses who had mentored at least one Foundation degree student; and findings from interviews with eleven former Foundation degree students. The findings from interviews with workplace mentor participants presented in chapter 5 generated the following elements:

- Role & boundaries
- Involving the student
- Adjusting to each student
- Shared learning

The findings from interviews with former Foundation degree student participants presented in chapter 6 generated the following elements:

- Conflict
- Becoming a learner
- Being a team player
- Role & recognition
- Mentor support

In this chapter I will discuss the findings of the study using the two themes of 'learning to learn' and 'becoming an assistant practitioner' and their constituent elements in order to answer the three sub-research questions. My conclusions will then be used to answer the main research question by comparing the reality of work-based learning as revealed by the lived experiences of my participants, with the rhetoric of work-based learning using four models (introduced in chapter 2) that provide a theoretical basis for learning within the workplace.

In the first section I will explain how two themes came to be generated from a conflation or 'fusion' of the sets of elements generated from the findings of the study and how the decision to fuse elements into two themes was informed by my chosen methodology.

7.1 The relationship between elements, themes and hermeneutic phenomenology

It became evident to me that the nine elements generated from the findings of the study pointed to two major themes. These are:

- Learning to learn
- Becoming an assistant practitioner

The rationale for the generation of two themes is to utilise the lived experience of work-based learning, in entirety; by drawing together both sets of elements and comparing the findings with the four models of work-based learning (introduced in chapter 2), through an analysis that will be presented at the end of this chapter. My chosen methodology of hermeneutic phenomenology has helped me to determine the relationship between elements that have been generated from the analysis of interview transcripts.

As outlined in the methodology chapter, the phenomenological concept of 'intentionality' is where consciousness is directed toward something real or imaginary, actual or non-existent (Moustakis, pg. 68, 1994). In addition, van Manen (pg. 181, 1997) defined intentionality as the inseparable connectedness of the human being to the world: '...all human activity is always orientated activity, directed by that which orientates it (pg. 182)'. It could be argued that six of the nine elements generated from the findings of this study suggest that work-based learners direct their consciousness 'intentionally' through knowledge (learning to learn) and through domains of activity in order to

become assistant practitioners. The six elements that relate to intentionality are as follows:

- Involving the student
- Adjusting to each student
- Shared learning
- Becoming a learner
- Learning in practice
- Being a team player

These elements and the two themes suggest that the nature of intentionality within work-based learning is associated with profound connectedness. Connectedness, in respect of people (mentors, other learners, other workers); domains of activity (practice, giving and receiving knowledge); and places (environments). Similarly, the two themes are characterised by domains of activity through 'learning to learn' and connectedness in relation to personhood in terms of 'becoming an assistant practitioner'. Two aspects of intentionality are noesis and noema. The two themes and their constituent elements illustrate noesis – 'the what' of experience or the interpretive act that was captured in the theme of 'learning to learn' with its attendant elements that are *retrospective* in their intentionality; and 're-collective' of the lived experience of work-based learning. Whereas noema – 'the that' which we experience, is *prospective* and is illustrated in the theme of becoming an assistant practitioner. In the next two sections of this chapter I will discuss how the two themes ('learning to learn' and 'becoming an assistant practitioner') answer the three sub research questions and the main research question.

7.2 Learning to learn

This first theme is defined by the combined elements of:

- Adjusting to each student – a mentor perspective
- Shared learning – a mentor perspective
- Becoming a learner – a student perspective
- Mentor support – a student perspective

The primary focus of this study is concerned with the lived experience of workplace mentors and Foundation degree students as work-based learners, and will ultimately consider the reality and rhetoric of work-based learning. Therefore, the theme of 'learning to learn' captures:

- the characteristics of work-based learners;
- the degree to which they shared their learning with their workplace mentors and others;
- how they engaged in work-based learning by using their practice as a place for learning;
- the nature of the relationship that they developed with their workplace mentors;

I will discuss this theme and its constituent elements in order to answer two of the three relevant research sub-questions.

7.2.1 How do workplace mentor participants support Foundation degree student's learning?

Workplace mentor participants felt that it was important to demonstrate a knowledge of the learning characteristics of their mentees. Adjusting to each student was, on the whole, positive and enriched the mentoring relationship that they developed with Foundation degree students. Workplace mentors particularly valued mentees who were willing to learn new clinical skills and

expand the scope of their practice, and did not seem to be threatened by the AP role, or unwilling to impart clinical skills that were previously the domain of registered nurses. The workplace mentors in this study were aware of the need for mentees to take responsibility for their own learning and would challenge them accordingly.

Workplace mentors were keen to share their mentees learning. This was characterised by mentors and mentees undertaking research together and even meeting up or contacting each other outside of work. One explanation for this is that mentees will have known their mentors as co-workers. However, shared learning enabled mentors to obtain a professional gain from mentoring Fd students in terms of meeting the continuous professional development requirements set by their employer, in addition to obtaining new knowledge. A recent study that explored the impact of mentoring trainee assistant practitioners in radiography by diagnostic radiographers (Colthart et al, 2010b) suggested mentors had seen mentorship as a source of knowledge and an opportunity for their own professional development.

The role of the workplace mentor in the support of student learning was also characterised by having an understanding of what it meant to be a learner. Mentors compared their own experience of being a student nurse and their experience of mentoring nursing students in comparison to the learning opportunities available to Foundation degree students. Mentors were conscious of the limited clinical experience that faced Foundation degree students compared to the placement learning and rotation between clinical areas that nursing students were required to complete.

Two key mentoring strategies revealed by mentor participants was the ability to gauge the degree to which their mentees were willing to learn in practice, in terms of taking responsibility for their own learning; and the ability to challenge a student to understand the needs of patients in a holistic manner.

Several workplace mentor participants described incidents based on the care of a particular patient, where they felt that it had been important to look at the needs of the patient holistically, or to take a holistic approach to the management of a particular problem such as pain. Therefore, workplace mentors utilised the concept of holism in terms of encouraging their mentee to understand an individual patient or as a strategy for dealing with a patient's problem.

Several former Foundation degree students stated that they felt frustrated by not being able to work the same shift as their mentor. Although this meant that mentees had tried to work with their mentors, a number of mentors stated that they had not only arranged to work the same shift, but also secured time at the end of the shift to debrief their students or to meet-up with their mentee after work to complete learning activities. These findings are similar to the findings of a study by Löfmark et al (2009) which suggested that mentors experience feelings of considerable responsibility towards their students while having to sustain their own motivation. Interestingly, workplace mentors did not seem to be aware that meeting with their mentees at the end of a shift could be interpreted by some participants as being inadequate or even tokenistic in comparison to the attention nursing students appeared to receive.

7.3 Becoming an Assistant Practitioner

This second theme is defined by the elements of:

- Role & boundaries – a mentor perspective
- Involving the student – a mentor perspective
- Conflict – a student perspective
- Being a team player - a student perspective
- Role & recognition – a student perspective

The participants in this study experienced a range of challenges, uncertainties and vivid experiences as trainee assistant practitioners. I will discuss the above elements and this second theme in relation to the remaining relevant research sub-question associated with the interprofessional factors that determined work-based learning for Foundation degree students. In this study I have referred to the term 'interprofessional' in the sense of the nature of interactions that occur between professionals (such as nurses, healthcare assistants, therapists and hospital doctors), who have joint working goals; as opposed to the terms multidisciplinary (where groupings of professionals work together); transdisciplinary (where professionals work across professional boundaries); or interdisciplinary where a team of individuals with different training backgrounds share common objectives and make a complimentary contribution to patient care (Leathard, 2003).

7.3.1 What interprofessional factors do former Foundation degree student participants believe determine their work-based learning?

The participants in this study encountered a lack of awareness from colleagues concerning the relatively new role of the assistant practitioner. This finding has been highlighted by Spilsbury et al (2009) who discussed the confusion regarding the nature of the AP role because it sits between 'assistant' and 'practitioner'. Workplace mentors were particularly conscious of having to support mentees as work-based learners enrolled on a new programme and for a new paraprofessional role. Habermas (1984) argued that language is used as a medium for understanding and that a person's 'lifeworld' is reliant on intersubjectivity (the relationship between a mentor, mentee and the shift in identity that results from becoming a learner) that forms the background to communicative action. Former student participants experienced the double-jeopardy of struggling to be recognised as learners in their own right. This was compounded by students not having supernummary status or different 'student' uniforms. Boud (2005) argues that one of the challenges of work-based learning is that workers as learners need

to be able to manage both roles and acquire knowledge by working across disciplines. However, former Foundation degree student participants had two key advantages over their nursing student counterparts. Firstly, they had a pre-existing relationship with their mentors as co-workers. Secondly, Foundation degree students had the support of an assessor as well as a mentor. Workplace mentors experienced being pulled by both Foundation degree and nursing students and this resulted in making the role quite demanding at times, particularly when Foundation degree students were needy, demanding or felt neglected.

Workplace mentor participants were keen to involve Foundation degree students in day-to-day care and to enable them to take on clinical skills that were previously the preserve of registered nurses. Former Foundation degree student participants felt that the acquisition of new clinical skills that they gained when their mentors involved them in care was pivotal to their development as trainee assistant practitioners. This was illustrated by the vividness of mentors and mentee's recollections of specific incidents involving particular patients or when former Foundation degree students recalled being able to undertake specific clinical procedures. Some workplace mentor participants expressed concern over a lack of awareness regarding the boundaries of practice of trainee APs. This finding has been highlighted in other studies into healthcare assistants who have made the transition to assistant practitioner roles that have led to the blurring of boundaries that exist between trained nurses and healthcare assistants (Warne et al, 2004) or where it has been perceived that boundaries are poorly demarcated (Spilsbury & Meyer, 2004). However in this study workplace mentors seemed to be quite relaxed about enabling students to expand the scope of their practice in areas such as pain management, wound care, patient advocacy and the completion of assessments.

Becoming an assistant practitioner was characterised by conflict which was observed by workplace mentor participants and experienced by former Foundation degree student participants. Explicit and vocal forms of conflict were reported by students who suggested that other healthcare assistants appeared to feel threatened by the trainee assistant practitioner role in the sense that they felt that trainees were neglecting the healthcare assistant role for which they had been employed. It also appears that fellow healthcare assistants valued practical, clinical learning in preference to attendance at university which was perceived as an unnecessary absence from the workplace. The conflict that former Foundation degree student participants experienced from registered nurses took a more subtle form and was associated with an expressed lack of understanding of both the AP role and the Foundation degree course. As a result students were challenged to explain the purpose of the assistant practitioner role that was regarded as a reinvention of the State Enrolled Nurse (SEN); a belief that students felt was dismissive. The creation of the assistant practitioner role appears to have some similarity to the second level nurses (SENs) that were phased out in the early 1990s, in the sense of nursing regaining a graduated career structure.

Being a team player occurred when former Foundation degree students felt that their newly acquired clinical skills and knowledge was valued and appreciated by their clinical teams and when they were permitted to engage in a wider range of practice. Additionally, the acquisition of new clinical skills such as the ability to take blood from a patient meant that some students were tasked by medical staff as well as registered nurses, when a competent phlebotomist was required or an electrocardiogram needed to be performed. Being able to attend ward hand-overs and develop new clinical skills enabled students to make the transition from only being engaged in direct care as a 'face worker'. Hornby & Atkins (2000) define 'face-workers' as '...workers [who] are the human face of the helping services, the faces that are known...all those who work directly with users that have something in

common: the face-work relationship' (pages 7-8). Therefore, the widening in the interprofessional scope of practice for trainee assistant practitioners was both clinical and interprofessional as they felt that they could be a team player amongst other healthcare professionals and discuss and report on care and through the possession of new clinical skills.

7.3.2 How do former Foundation degree student participants believe they developed the knowledge to become Assistant Practitioners?

Former Foundation degree student participants made sense of the acquisition of knowledge in three distinct ways. Participants characterised their knowledge in relation to specific incidents involving patients or other members of staff. These incidents were recalled vividly and were the most powerful and profound learning experiences for trainee assistant practitioners. These vivid learning experiences appear to show evidence of mentors providing scaffolded learning (Palinscar, 1986). In scaffolded learning the learner is supported in order that their skills and developing knowledge can be brought to each stage of the learning process, within a zone of proximal development (Vygotsky, 1978) that is supported by an instructor (mentor) using activity for learning within a supportive community (Engeström 1994). Secondly, several participants shared their experiences of being coached by their workplace mentors, as characterised by being questioned in relation to aspects of care or the needs of a particular patient. This resulted in participants realising their hidden knowledge and illustrates the existence of a tacit form of knowing. Polanyi (1973) developed the concept of tacit knowledge and tacit understanding in which personal knowledge was personal because it had been internalised in an unconscious manner. Finally, participants greatly valued the opportunity of being able to apply theoretical knowledge gained from attending university to their clinical practice in 'real time'. Although some theoretical material seemed irrelevant at the time of acquisition, participants were able to understand the relevance and

application of concepts such as ethics and law when faced with patients that fell outside of their clinical speciality.

A key facet of becoming an assistant practitioner was the nature of the relationship that participants had with their workplace mentor. This form of participatory working is described by Eraut et al (1998) as a working practice based on the measure of challenge and self-initiation and is dependent on strong managerial support. Mentors consistently enabled their mentees to expand the scope of their practice by involving their students in a wide range of clinical learning experiences. However, senior nursing staff such as ward managers, were not mentioned by mentors or students in playing a role in the championing, promotion or facilitation of the assistant practitioner role leaving participants to negotiate their position for themselves. Interestingly, none of the former Foundation degree student participants referred to changes to, or the creation of, a new job description.

The acquisition of new clinical skills enabled participants to become more of a team player and began the process of 'becoming' for most participants who as healthcare assistants, simply wanted to 'do more'. Becoming more of a team player by being recognised by other members of the multidisciplinary team and being permitted to take part in patient 'hand-overs' enabled participants to start a process of severance from their old roles as healthcare assistants. It is interesting to note that none of the participants experienced conflict when this occurred which suggests that ward staff had either accepted the changing role of trainee assistant practitioners or made other provision for the ward to be covered when trainee APs attended hand-over meetings.

The next section will consider the rhetoric and reality of work-based learning in the context of four chosen models which seek to provide a theoretical basis for learning within the workplace.

7.4 What is the lived experience of Foundation degree student participants and how does it compare with the theoretical basis of work-based learning?

In order to answer this main research question I will compare and contrast the theoretical aspects of each model (discussed in chapter 2 and presented in appendix 4), with the two themes and their constituent elements that have been discussed in the last section.

7.4.1 Rhetoric of the community of practice model

In relation to Lave & Wenger's (1991, 1998) model of communities of practice I will argue that Foundation degree students are not apprentices being provided with opportunities to increase their participation within a community of practice, but experienced learners with strong identities as healthcare assistants.

7.4.2 'Learning to learn' in a community of practice

The theme of 'learning to learn' comprises of the elements of 'adjusting to each student'; the shared learning that occurred between mentors, mentees and other learners within the workplace; making the adjustment to being a learner; learning in and through clinical practice and working with mentors.

For some participants being part of a community of practice and being recognised as a legitimate learner within their departments was swiftly relegated due to the task orientated nature of direct care giving. The element of learning in practice that underpins the theme of learning to learn indicates that learning within a community of practice is not linear or guaranteed. For example, direct care giving was seen by other workers as pre-eminent to participation in learning activities. In essence, other workers were unable to see that a healthcare assistant (HCA) could give care and learn and that working practices were only legitimised in terms of activity that lay within a HCA role as distinct from activities that went beyond it.

Therefore, the theme of 'learning to learn' suggests that all participants were encouraged to engage in participation. But the nature of their participatory learning was not peripheral due to their pre-existing status and responsibilities as healthcare assistants.

7.4.3 'Becoming an Assistant Practitioner' in a community of practice

The theme of 'becoming an assistant practitioner' comprises of:

- trainee assistant practitioners understanding the role and boundaries of APs;
- mentors involving their student in aspects of care as a means of facilitating their learning;
- dealing with conflict from fellow workers;
- establishing the role of the AP by becoming a team player;
- receiving recognition from fellow colleagues;

The elements of 'role and boundaries' and 'role and recognition' that were generated by interviews with workplace mentor and former Foundation degree student participants, respectively suggest that learners' identity within their existing community of practice was far more important than the creation of a new or distinct community of practice that might have emerged to support trainee assistant practitioners. Indeed, there was no evidence from the findings of the study that a distinct trainee assistant practitioner community of practice had been established within the organisation. Lave & Wenger's (1991) model while emphasising the situatedness of the learner, places little emphasis on the area of learners pre-existing identity or on shifts in occupational forms. However, Wenger's (1998) later work alludes to theories of identity, power and meaning which corresponds with some of the elements of this theme. Although Lave & Wenger's model places significant emphasis on participation as a means of moving from a peripheral team position, the element of 'being a team player' which was significant to

becoming an assistant practitioner, was characterised by the acquisition of clinical skills. Therefore, although Lave & Wenger's model of communities of practice alludes to the nature of participatory learning that former Foundation degree participants engaged in, their existing identity within their clinical teams was well established. Being a novice or an apprentice was not the experience of former Foundation degree student participants. The start of their studies was characterised by managing conflict, establishing an identity as a learner in their own right and making sense of the assistant practitioner role, while their concluding lived experience (as Foundation degree students) was characterised by becoming an assistant practitioner, receiving recognition from peers in addition to feeling the need to prove the validity of their AP role.

7.5 Rhetoric of a workplace curriculum model

In relation to Billett's workplace curriculum model I will draw on Dreyfus & Dreyfus's (1986) model of expertise to argue that former Foundation degree student participants already possess a level of expertise and awareness that enabled them to work at a higher level than Billett's model proposes.

7.5.1 'Learning to learn' and a workplace curriculum model

Several former Foundation degree student participants highlighted the critical importance of the role of their workplace mentor in experiential learning. The workplace curriculum model suggests that workers move from participation in work from low to high accountability and complexity; have access to knowledge that would not be learnt by discovery alone; receive direct guidance from more experienced others and experts, and that indirect guidance is provided by the physical and social environment. On the surface, a model that includes a key professional concept such as accountability aligns well to a study exploring learning within a professional clinical environment. The nature of accountability in relation to how trained nurses delegate tasks to trainee assistant practitioners in this study was not demonstrative or

suggestive of a trajectory of accountability. While the role of the workplace mentor was fundamental to student's learning, notions of expertise only figured in the study findings when expertise was associated with the needs of a patient, rather than to meet the learning needs of a student and reflects the level of practice of the assistant practitioner role. However, for several participants the nature of the physical and social environment had an obverse effect on their experience of work-based learning. For instance, the element of working with mentors comprised of former Foundation degree students feeling that they were, at times, competing with nursing students in order to secure sufficient time with their mentors.

A key concept embedded within the workplace curriculum model is 'participation' with regard to participating in working practice which embodies participatory learning and guided participation where students receive direct intervention from an instructor; or as is the case in this study, a workplace mentor. The elements of mentors 'adjusting to each student' and trainee APs 'becoming a learner' that constitute the theme of learning to learn illustrate that for some students, becoming a student and attempting work-based learning resulted in a negative reaction from fellow team members who, it would appear, were quite vociferous in their opposition.

7.5.2 'Becoming an Assistant Practitioner' and a workplace curriculum model

None of my findings revealed the somewhat implicit 'clues and cues' of learning in practice that Billett's model describes. Again, former Foundation degree student participants were experienced healthcare assistants who had already encountered the 'clues and cues' that determine appropriate clinical practice and had developed a degree of expertise associated with their clinical areas. Dreyfus & Dreyfus (1986) described five stages of development that are required in order to become an expert. These include being a novice, an advanced beginner and becoming competent (stages 1-3); to gaining

proficiency and becoming an expert (stages 4 & 5). The 'clues and cues' that Billett describes appear to match with stage 3 of the Dreyfus & Dreyfus model in the sense that competent practice is conceptualised when a learner can recognise 'a situation [that] has a particular constellation of...elements [where] a certain conclusion should be drawn, decision made, or expectation investigated' (Dreyfus & Dreyfus, pg. 24, 1986). These participants did not refer to 'clues and cues' associated with what might be deemed appropriate clinical practice as they were not novices or trainees being prepared for practice.

7.6 Rhetoric of a comprehensive model of work-based learning

In relation to Raelin's comprehensive model of work-based learning I will argue that binary explanations where two or more concepts (e.g. explicit and tacit knowledge, theory and practice, collective and individual) that are used to explain the nature of work-based learning are not representative of the complexity of work-based learning that occurs within clinical environments.

7.6.1 Learning to learn and the comprehensive model

The methodological premise of Raelin's model rest on tacit and explicit knowledge and constructivism; where work and workplaces are regarded as legitimate sites of learning. However, the elements of 'shared learning' and 'mentor support' that are in the theme 'learning to learn' indicate the problems that former Foundation degree student participants experienced in being able to use their workplace and secure sufficient time with their mentors to engage in learning activities. In relation to the findings of this study, tacit knowledge was alluded to by former Foundation degree student participants and workplace mentor participants when the needs of a patient or patient problem was explored or when a student was confronted by a patient whose medical condition fell outside of the clinical speciality. This led to former Foundation degree student participants realising the degree of knowledge that they already possessed and is regarded as hidden or 'tacit'.

7.6.2 Becoming an Assistant Practitioner and the comprehensive model

Raelin does not differentiate between formal and informal learning. And yet former Foundation degree student participants recalled knowledge gained within the formal setting of the university. Moreover, participants were aware of the existence of other knowledge contained in study pathways within their programme and the application of their knowledge within the informal setting of clinical practice. Therefore, former Foundation degree student participants alluded to their tacit knowledge and provided evidence of the commensurate nature of theoretical learning and its direct realisation and application to practice when participants returned to the clinical area from a day spent at university.

7.7 Rhetoric of a model for learning in working life

In relation to the final model of work-based learning created by Knud Illeris (2004, 2011), I will argue that the socio-cultural aspects experienced by former Foundation degree student participants correspond with the key features of this model. However, organizational and technical concerns emphasised by the model were not relevant to the lived experiences of participants who were more concerned with issues not portrayed in the model such as factors that can make learning within the workplace problematic.

7.7.1 Learning to learn and the model for learning in working life

Most participants in this study regarded their experience of work-based learning positively. However, Fuller & Unwin (2003) conceptualise the nature of learning within the workplace as being either expansive or restrictive. Expansive learning environments are characterised as providing opportunities for participation in communities of practice that are inside and outside the workplace. Expansive learning environments 'have a memory' and use errors, mistakes, failures as opportunities for learning.

A major weakness of the Illeris (2011) model is that it is not explicit with regard to what favourable (or expansive) conditions of learning might be and the degree of expansiveness and restrictiveness that a work-based learner may be subjected to and what strategies might be adopted to overcome such obstacles; such as guided participation or reflection as recommended by Billett and Raelin. As a consequence, several omissions and assumptions are evident in the Illeris model. The model does not differentiate between different types of knowledge which is important given the tripartite relationship that exists between work-based learners, their employer and the educational provider in most work-based learning programmes (Helyer, 2010). Secondly, the model pre-supposes that students possess the knowledge, skills and attitudes to engage in reflective activity and to seek out activities and opportunities for learning. The former Foundation degree student participants in this study produced some vivid recollections of incidents of learning that involved their workplace mentors. However, it could be argued that this final model places a strong emphasis on socio-cultural factors which in relation to the professional culture of nursing and references made to the reinvention of second level nurses was relevant to the lived experience of participants in this study.

7.7.2 Becoming an Assistant Practitioner and the model for learning in working life.

Organizational and technical factors did not appear to shape the lived experience of either workplace mentors or former Foundation degree students in this study. As in other models of workplace learning, there is a strong underlying influence of research conducted in industrial settings that emphasise specific discourses associated with production, efficiency and technology which are largely peripheral to the experience of trainee assistant practitioners who possess an existing familiarity with a limited range of technical equipment and, due to their level of practice, have little direct association with wider organizational concerns.

7.8 Conclusion

It would appear that all four models of work-based learning capture the fundamentally social nature of learning within the workplace. Some of the dominant discourses within workplace pedagogy such as the concepts of communities of practice and reflection pervade several of the models and therefore there is a degree of similarity in terms of the pedagogical values and strategies for work-based learning.

In the final chapter I will summarise the findings of my study and outline the relationship between learning to learn and the nature of becoming an assistant practitioner and hermeneutic phenomenology. I will reflect on the study in order to identify some of its limitations and how different approaches might have yielded deeper and richer data. The educational and practice implications of the study will be made clear and recommendations will be made with regard to the role of educationalists employed by universities and employers in the preparation of work-based learners. I will outline my own professional stance as result of undertaking a professional doctorate and its value in terms of my own pedagogical practice.

Chapter 8: Summary and Conclusions

Introduction

In this thesis I have presented a study that used interviews with work-based learners and their workplace mentors to uncover the lived experience of being a work-based learner and how work-based learning is supported in a busy clinical environment within a large NHS hospital Trust in the English midlands. A rhetorical approach was adopted to test how 'firm the foundations' are of the Foundation degree through an analysis of the theoretical basis of work-based learning against the lived experiences of work-based learners and their workplace mentors.

In this final chapter I will argue that although all courses are different, the Foundation degree is differently different. This is due to the interprofessional context and the nature of mentorship that is required to enable work-based learners to learn how to learn and, as demonstrated in this study, to become assistant practitioners. These findings have educational, practice and policy implications for educationalists in further and higher education, the NHS and other parts of the public sector; particularly where work-based learners are seeking to make the transition from one role to another.

8.1 Interprofessional factors determine work-based learning for trainee

Assistant Practitioners

The interprofessional factors that former Foundation degree student participants believed influenced their work-based learning include dealing with a lack of awareness of the role of the assistant practitioner while struggling to be recognised as a learner in their own right. Foundation degree students were employed in clinical areas that had no experience of healthcare assistants undertaking university level study and felt disadvantaged by not having student uniforms or the supernumary status that nursing students had. Some of the Foundation degree student participants felt they had to

compete with nursing students in order to secure time with their workplace mentors, despite having a relationship with their mentors as co-workers that yielded advantages with regard to meeting up with and contacting workplace mentors, outside of work. Workplace mentors consistently involved their mentees in clinical care although some mentors raised concerns regarding the boundaries of practice of assistant practitioners. Foundation degree student participants experienced some conflict from other healthcare assistants and registered nurses who did not understand the assistant practitioner role and dismissed it as a reinvention of the state enrolled nurse. A key interprofessional factor for Foundation degree student participants was becoming a team player that was characterised by the recognition of their clinical skills and being invited to take part in patient hand-over meetings.

8.2 Workplace mentors support trainee Assistant Practitioners as work-based learners and through work-based learning.

The findings of this study suggest that it is important for mentors to recognise and support Foundation degree students as they make the difficult transition from being a healthcare assistant to establishing themselves as a work-based learner and trainee assistant practitioner. Involving trainee assistant practitioners in practice is a critical strategy in order for mentees to gain new clinical skills. It requires both the mentor and mentee to take a strategic approach to secure shifts where mentor and mentee can work together and time to engage in learning activities. Workplace mentors are very conscious of the characteristics or learning attributes of their mentees and observed their mentees supporting other learners within the clinical environment.

8.3 Trainee Assistant Practitioners develop knowledge through vivid clinical situations facilitated by workplace mentors.

Former Foundation degree student participants believed that they had developed the knowledge to become assistant practitioners during particularly vivid clinical situations. A mentoring strategy that focused on the

holistic care of an individual patient was particularly valued by Foundation degree student participants as it enabled them to realise their hidden knowledge.

Workplace mentor participants felt they supported Foundation degree students' learning by demonstrating knowledge of their learning attributes that included both positive and negative attitudes that characterised the degree of mentee motivation and willingness to take ownership of their own learning. Workplace mentors continuous professional development was enhanced through the support of Foundation degree students. Although workplace mentors sought to make sense of work-based learning through a comparison of their own experience as a student nurse and through their experience of mentoring nursing students, they were keen to teach clinical skills that were previously the domain of registered nurses and utilised the concept of holistic care in order to encourage mentees to see either a patient, or a patient's problem, from multiple perspectives. The ability of workplace mentors and mentees to secure time with each other was dependent on the ability to shape the ward's duty roster, although time spent with mentees at the end of a shift was interpreted by some Foundation degree participants as tokenistic.

8.4 The theoretical basis of work-based learning may not reflect the lived experience of Foundation degree students as they seek to learn how to learn and become Assistant Practitioners.

The lived experience of Foundation degree student participants compared with the theoretical basis of work-based learning is determined by the degree to which a model of work-based learning can capture and reflect the complexity of factors that determine work-based learning in busy clinical environments. Clearly no educational model or theoretical perspective of work-based learning can possess sufficient explanatory reach to portray all aspects of learning within the workplace. Furthermore, none of the four

theorists claimed that their models had universal application. However, while all four models of work-based learning analysed in chapters 2 and discussed in chapter 7 of this thesis capture the profoundly social nature of work-based learning, none of the models captured the challenge faced by Foundation degree student participants making the transition from being a healthcare assistant and becoming a work-based learner, to becoming an assistant practitioner. This finding was particularly significant to the lived experience of all participants in this study as the assistant practitioner role was completely new to workplace mentors, their departments and the NHS hospital Trust in which the research was undertaken. Notions of apprenticeship and legitimate peripheral participation espoused by some of the theoretical perspectives were not appropriate for work-based learners who were not only well established within their clinical teams, but possessed a wealth of clinical and life experience that is not commensurate with the status of a novice or newcomer. None of the models indicated the extent to which the existence of work itself can actually be a barrier to learning in the workplace, which is a key feature of busy acute hospital wards that rely heavily on support workers to meet the direct care needs of patients who may have multiple long term conditions.

Learning to learn as a trainee assistant practitioner is characterised by workplace mentors recognising the personal characteristics of their mentees and challenging and engaging Foundation degree students as co-workers and co-participants in care. Learning to learn is also characterised by the sharing of learning through the development of a mutually beneficial relationship between mentor and mentee that supported Foundation degree students as they understood how to become a work-based learner and to learn in practice.

Becoming an assistant practitioner is characterised by understanding and making sense of the role and boundaries of the new paraprofessional role of the AP in organisations where line managers may have little or no

understanding of the role. This study illustrated that uncertainty was characterised by an absence of job descriptions or even appropriate AP posts at the appropriate pay band. Becoming an assistant practitioner is also characterised by participation in care giving which was the most effective strategy for gaining new clinical skills. Having to deal with conflict as result of being a work-based learner and making the transition from a HCA role to that of a trainee assistant practitioner, led, eventually, to a sense of being more of a team player. Lastly, and perhaps most importantly, becoming an assistant practitioner is about developing knowledge and confidence which led to a gradual recognition of the role of the assistant practitioner as a valuable member of the clinical team.

8.5 A hermeneutic phenomenology of work-based learning.

One of the arguments that I have presented in this thesis is that hermeneutic phenomenology is an appropriate methodology for research into work-based learning as learning is phenomenological. Learning is a lived experience that encompasses patterns of knowing, being and becoming, as suggested by this study. Furthermore, hermeneutic phenomenology is an appropriate methodology in order to investigate learning within clinical environments due to its strong emphasis on intersubjectivity (Moustakis, 1994) and the multiple horizons (Gadamer, 1976) that exist in such an interprofessionally dynamic environment. Lastly, the creation of elements from two sources of data has enabled two themes to be generated from a conflation and fusion of the elements generated from data from mentors and students which captured the lived experience of the participants of the study. Furthermore, the two themes ('learning to learn' and 'becoming an assistant practitioner') were themselves commensurate with my chosen methodology in the context of intentionality or 'connectedness' in respect of people (mentors, other learners, other workers); domains of activity (practice, giving and receiving knowledge); and places (environments). Noesis ('the what' of experience) is

reflected in the theme of 'learning to learn'. Noema ('the that' which we experience) is reflected in the theme of becoming an assistant practitioner.

8.6 Reflections on the study

It could be argued that the contribution that this study has made is to reveal the sharp contrast between educational theoretical perspectives that are laden with rhetorical characteristics and the reality of work-based learning from the perspective of learners in particularly complex and demanding interprofessional environments where patterns of knowledge, knowing, being and becoming create a melee of lived experiences. A feature of rhetoric is irony. It was ironic to discover that work itself could present the greatest barrier to learning within the workplace. Therefore, it is of no surprise that educational theory generated by educators and teachers contain so many rhetorical features.

8.7 Limitations of this study.

The limitations of this study are that the relatively small number of participants (11 former Foundation degree students and 8 workplace mentors), were all employed by one NHS hospital Trust, in acute hospital wards with students studying the adult pathway of study of a Foundation degree in health & social care. This point is important given the range of different study pathways that can characterise Foundation degree programmes. A study undertaken within a less acute area such as in community mental health setting, where healthcare professionals engage in regular periods of structured reflection through the use of clinical supervision, may have revealed lived experiences of work-based learning which were less pressurised.

The outcome of this study might have been different if I had interviewed workplace assessors. Interviewing workplace assessors may have provided a different insight as assessors augment the role of workplace mentors or fulfil

the role of a workplace mentor when departments have several Foundation degree students. However, such a decision could have only been justified through the use of an additional research sub-question pertaining to the role of the assessor in the support of Foundation degree students in the absence of a workplace mentor.

In retrospect the final question of the interview schedule, where participants were asked to describe to me their feelings now that they had graduated with their Foundation degree, yielded responses associated with general satisfaction with completing the course and/or dissatisfaction at not being rewarded with an assistant practitioner post.

In order to enhance the participatory nature of this study I could have arranged participant validation in the form of a telephone conversation rather than on a 'post and return' basis. This strategy might have enabled participants to have contact with me at a time that was more convenient to them rather than receiving a relatively large amount of documentary material (an interview transcript and enclosure letter) through the post that required digestion, a written response and postage (albeit with a self-addressed envelope).

8.8 Implications of the study.

Having outlined how I think the study could have been improved; this next section will explore the educational and practice implications of the findings of the study.

8.8.1 Educational implications.

The educational implications of this study are that the presence of a workplace mentor who is prepared to coach mentees and actively engage them through participation in clinical activity is essential to the work-based learning of trainee assistant practitioners. Work-based learning is a

pedagogical approach that can and does support the role of the assistant practitioner, but is also of benefit to mentors and other learners within the clinical environment.

1. Foundation degree students need to be prepared to become work-based learners and should be provided with strategies to enable them to anticipate some of the responses from fellow colleagues that formed the lived experience of the participants in this study.
2. The providers of Foundation degree courses should develop a range of pre-enrolment resources to prepare prospective Foundation degree students for work-based learning and provide them with some simple strategies to enable the prospective students to start to think about their workplace as a learning environment.
3. A strong emphasis needs to be paid on the role of the student in taking responsibility for their own learning and to explore a range of different habits, dispositions, attitudes and values that can enhance the mentor-mentee relationship.
4. Foundation degree students should be equipped to understand the principles of coaching and mentoring, to enable them to support other learners effectively, and in preparation for their future role as mentors to trainee assistant practitioners.

Using vignettes in this study has provided me with a learning and teaching strategy that I have begun to explore. For example, in my Acquired Brain Injury level 5 module, students are asked to research a well-known personality who has sustained a head injury and to write-up a vignette that can be used as part of an information resource for patients, clients and relatives affected by acquired brain injury. I am also exploring the use of

vignettes as a form of creative writing that students could engage in as part of a patchwork text assessment. Patchwork text assessment is an approach to written assessment where students are required to produce three small pieces of work which are interlinked (or stitched together) by a fourth final summative piece. The patchwork is created, submitted and marked throughout the delivery of a module to encourage deep learning in preference to the submission of a large piece of work at the end of a module.

8.8.2 Practice implications.

In terms of clinical practice the implications of this study are that registered nurses who fulfil the role of a workplace mentor face a widening array of different pedagogical approaches and assessment frameworks represented by a diverse range of learners within clinical areas. Registered nurses are not only required to support nursing students being prepared for practice and registration, but trainee assistant practitioners engaging in work-based learning, newly appointed registered nurses undertaking periods of preceptorship and, in the future, learners joining the NHS pursuing modern apprenticeships.

1. Workplace mentors need to be aware of the need to juggle their support for Fd students with other learners and that time at the end of a shift may be perceived by Fd students as tokenistic. This is particularly important as Fd students may not understand the different approach to mentoring that nursing students require by virtue of being prepared (as novices) for practice ahead of registration.
2. It is no longer appropriate to argue that mentoring is simply part of the role of a registered nurse when, as illustrated in this study, workplace mentors recalled being pulled in many different directions. I would recommend that the providers of Foundation degree programmes incorporate coaching and mentoring into the curriculum.

3. The providers of Foundation degree courses should also seek to provide mentorship training that is contextualised and sensitive to the situatedness of trainee assistant practitioners. Such preparation should emphasise the difference between practice-based and work-based learning with regard to recognising that trainee APs require support in making the transition to being a work-based learner while relinquishing their HCA role in order to become an AP.
4. The need to professional regulate assistant practitioners should be recognised as a priority. The establishment of a national professional register would not only recognise the advanced level of practice of the AP role but could drive decisions regarding educational and continuing professional development provision for a paraprofessional group that, in time, could become fully self-supporting.
5. Assistant practitioners should be encouraged to fulfil the role of mentor and assessor to trainee assistant practitioners and to support modern apprenticeships. Clearly, this recommendation relates to my previous point regarding the provision of continuous professional development, although some of my own former Foundation degree students have returned to my university in order to access the mentor and assessor training programme that I am responsible for.
6. Large NHS hospital Trusts who second Foundation degree students need to provide students with a pre-induction programme that not only prepares students to become trainee assistant practitioners, but provides an opportunity for line managers and heads of departments to be made aware of trainee's role, nature, boundaries and the practice of assistant practitioners. Information regarding the nature of changing roles in health and social care such as the assistant practitioner role should also be provided in the pre-enrolment provision outlined in my

earlier recommendation; not least as prospective students from smaller employers may not work within organisations that have the capability to provide pre-induction preparation.

7. Given the workforce pressures facing nursing that I outlined in chapter 2, it was alarming that the findings of this study suggested a lack of engagement with the development of the role of the assistant practitioner on the part of ward managers; including the absence of any mention of the creation of appropriate job descriptions.

8.8.3 Policy implications.

A year after the launch of Foundation degrees in the United Kingdom David Boud (2001) argued that work-based learning represented a major challenge to the position of universities:

‘This shift presents an unprecedented challenge to dominant conceptions of what a university education is, what university qualifications are and what ‘legitimate’ knowledge should be...it is in the interest of the academy to reconstruct boundaries within an educational framework that maintains standards at the same time as providing guidelines and practice that make explicit educational parameters’ (pg. 31).

Foundation degree forward (FDF) the body set up to establish and support Foundation degrees achieved its goal of 100,000 Fd students within the United Kingdom within ten years (Longhurst, pg. 3, 2010). One of the last publications by FDF prior to it being abolished in July 2011 was a study into the career development and decision-making of Foundation degree graduates (FDF, 2010). Based on a survey of 831 Fd students in 2007/08 the study found that only a minority of students changed jobs and that the vast majority of

respondents reported that they were more productive and had increased their job satisfaction. Respondents reported that they had utilised the skills that they had learnt on their course and had been given greater responsibility with over half wanting to continue studying.

It appears that Foundation degrees have been successful, but at the time of writing it remains to be seen whether the NHS and health and social care organisations will be prepared to meet the major increase in student tuition fees proposed in the Browne report (2010), particularly when it remains unclear what the precise commissioning arrangements will be through the new learning, education and training boards (LETB) for the funding of trainee assistant practitioners in health and social care. However, it is proposed that workforce planning staff will transfer from strategic health authorities to Health Education England (DOH, 2012) the new body that will be overseeing all non-medical education and training for the NHS in England. This could be an encouraging development for the future of the assistant practitioner role given that its establishment has been part of a wider workforce planning strategy to upskill NHS staff in order to offset the workforce pressures within nursing discussed in chapter 2.

A stronger policy argument for the delivery of Foundation degrees to support healthcare assistants wishing to become assistant practitioners is associated with professional regulation. The UK coalition government decided against the registration and regulation of healthcare assistants, assistant practitioners and support workers by existing regulatory bodies such as the Nursing and Midwifery Council in favour of a system of voluntary local registration that also encompasses minimum standards of training and education. The Council for Healthcare Regulatory Excellence (CHRE) is to:

‘set standards for and quality assure voluntary registers...the purpose of the voluntary scheme will be to

encourage the development of professional conduct, ethical practice and high standards of performance in groups associated with or affiliated to the delivery of health and social care, where statutory regulation is not necessary to protect the public' (CHRE, pp 2, 2010).

It is anticipated that the CHRE will be renamed and become fully functional in 2013. My own perspective is that the regulation of assistant practitioners via a professional body would give the AP role a clearer identity and professional standing that is commensurate with other members of the multidisciplinary healthcare team. One of the strongest arguments for the professional registration of support workers lies with registered nurses who can obtain employment as healthcare assistants having had their registration suspended by the Nursing and Midwifery Council following a case of misconduct. This anomaly will remain in place if registers of APs, HCAs and support workers are held by individual employers. As nursing has now joined all other healthcare professionals in becoming graduate entry, I would argue that HCAs should not be left behind in a regulatory, professional or educational sense; but enabled to become assistant practitioners utilising an educational programme that, as this study suggests, benefits the workplace and patient care.

8.9 da capo.

What appealed to me most about undertaking a professional doctorate was its difference to traditional doctoral study. Gregory (1997) argues that a professional doctorate is a degree for scholarly professionals, rather than professional scholars. Undertaking a Doctorate in Education has reinforced my desire to be a scholarly professional in the sense that as a senior lecturer and personal tutor I have used my studies to obtain a framework on which I can base my professional judgement and decision-making and support my students, their mentors and assessors, and of course, my colleagues. I have

learnt that learning is a profoundly 'lived experience' which for trainee assistant practitioners encompasses the experiences of becoming and being. Becoming and being not only legitimises learning within the workplace, but legitimises learning within the academy.

The findings of this study suggest that there may be a gap in the market for a new model of work-based learning that captures the nature of work-based learning within clinical environments. Such a model would need to have sufficient explanatory reach to capture the challenge of making the adjustment to being a work-based learner and also the process of using work-based learning as a platform towards the transition to a new role, as illustrated by the paraprofessional role of the assistant practitioner. The model would need to acknowledge a range of interprofessional factors that have an impact on work-based learners and work-based learning, while acknowledging that within clinical environments, care-giving itself, can act as a barrier to learning. It could be argued that such a model might act as a differentiator between practice-based and work-based learning by demarcating notions of apprenticeship and being a novice with the possession of knowledge and experience that employees obtain throughout their learning journey.

The findings of this study may be transferable to other contexts where support workers are undertaking Foundation degrees in order to gain associate professional status. Two examples within educational settings include the 'parent support advisor' and 'higher level teaching assistant role' that have been developed in schools within the United Kingdom. Edmond et al (2012) have concluded that the development of assistant and associate roles has facilitated a process of occupational professionalisation which (in education and health) has led to resistance from registered nurses and teachers as Fd students have sought to change their practice and identities to gain new status.

Lastly, I intend to engage in further research into the Foundation degree students who undertake self-directed or negotiated self-study modules. I am interested to understand what the impact is on clinical practice and the workplace of 'shell modules' that can be used by students wishing to undertake independent study, particularly when their topic of interest is associated with service delivery, innovation or change.

If the Foundation degree is differently different, then Foundation degree students should not be seen merely as students. They are not students who happen to have jobs. Moreover, they are employees that happen to be work-based learners.

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Appendices:

1. Flow charts showing core and pathway related modules of the Foundation degree Health & Social Care Adult Pathway: Level 4&5 Year One & Two.
2. Planners for Foundation degree Health & Social Care (Adult Pathway Year One & Year Two).
3. Iterative process completed during literature review.
4. Table of rhetorical analysis of four models of work-based learning.
5. Diagram of research approach adopted for this study.
6. Table detailing consequences of using alternative methodologies for this study.
7. Tables of demographic information relating to the seniority, age, gender and pseudonyms adopted for workplace mentor participants.
8. Participant letter, information sheet and consent form (workplace mentor & former student).
9. Interview schedules.
10. Transcript of an interview - with delineated units of meaning highlighted – Workplace mentor 8 ('Della').
11. Research Activity Sheet (Audit Trail) – Workplace mentor 1 ('Kelly').
12. Example of data bank for element 'role and boundaries' from interviews with workplace mentors.
13. Table of elements and themes generated from pilot study and interviews with workplace mentors and former Foundation degree student participants.
14. Data Analysis – Workplace mentor 1 ('Kelly').
15. Example of entry from reflective diary (photo and typed entry).

Appendix 1: Foundation degree Health & Social Care
Flowchart showing Core and Pathway Related Modules
Adult Pathway (2004-2009): Level 4 (Year One)

Introduction to the Personal Progress Portfolio 12 Credits	Practice and Skills 24 Credits (Double Module)	IT, Information Skills and Databases 12 Credits
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Communication in Health and Social Care 12 Credits	Working in Health and Social Care 12 Credits
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Theory and Practice of Phlebotomy 12 Credits	Assessment of the Hospitalised Patient 12 Credits
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PLUS TWO OF THE FOLLOWING

Medical Conditions Requiring Rehabilitation 12 Credits	Essential Aspects of Pain Management 12 Credits	Managing Meal Times 12 Credits
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OR

Living with Life Long Chronic Diseases 24 Credits (Double Module)
--

120 Credits – Level 4 CERT HE
--

Key: Core modules in grey boxes, pathway related modules in yellow boxes.

Foundation degree Health & Social Care: Flowchart showing Core and Pathway Related Modules Adult Pathway (2004-2009): Level 5 (Year Two)

Development of the Personal Progress Portfolio 12 Credits	Evidence Based Health Care 12 Credits
--	--

Interdisciplinary Awareness and Team Working 12 Credits	NHS Policy and the Modernisation Agenda 12 Credits
--	---

Complex Co-morbidity in Life Long Chronic Disease 24 Credits	Safe Management of Prescribed Medication 24 Credits
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Valuing the Customer 12 Credits
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PLUS ONE OF THE FOLLOWING OPTION MODULES

Health Promotion 12 Credits	Counselling Therapies 12 Credits	Tissue Viability 12 Credits	Application of Leadership Skills 12 Credits
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Palliative Care 12 Credits	Continence, Sexuality and Sexual Health 12 Credits	The Care of Patients requiring Renal Replacement Therapies 12 Credits	The Acutely Ill Adult 12 Credits
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120 Credits, Level 5 AWARD: FdSc Health and Social Care(240 Credits)

Appendix 2: Foundation degree Health & Social Care (Adult Pathway 2004-2009) Year One Planner – Level 4

Wk no.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
Module Title	Practice and Skills; 24 Credits														Assessment of the Hospitalised Patient; 12 Credits					
	IT, Information Skills and Databases; 12 Credits																			
								Communication in Health and Social Care; 12 Credits												
	Introduction to the Personal Progress Portfolio; 12 Credits																			

Wk no.	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
Module Title	Principles of Assessment; 12 Credits (Cont)							Two 12 Credit Option Modules or One 24 Credit Option Module											
	Working in Health and Social Care; 12 Credits																		
	Introduction to the Personal Progress Portfolio (Cont); 12 Credits																		

Wk no.	39	40	41	42	43	44	45	46	47	48	49	50	51	52
Module Title	Theory and Practice of Phlebotomy; 12 Credits												Reassessment	
	Introduction to the Personal Progress Portfolio (Cont); 12 Credits												Reassessment	

Key:

	Year One, Level 4 – Core Modules
	Year One, Level 4 – Pathway related Modules
	Reassessment Weeks

Foundation degree Health & Social Care (Adult Pathway 2004-2009) Year Two Planner – Level 5

Wk no.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Module Title	Evidence Based Health Care; 12 Credits																		
	Safe Management of Prescribed Medication; 24 Credits												Valuing the Customer; 12 Credits						
	Development of the Personal Progress Portfolio; 12 Credits																		

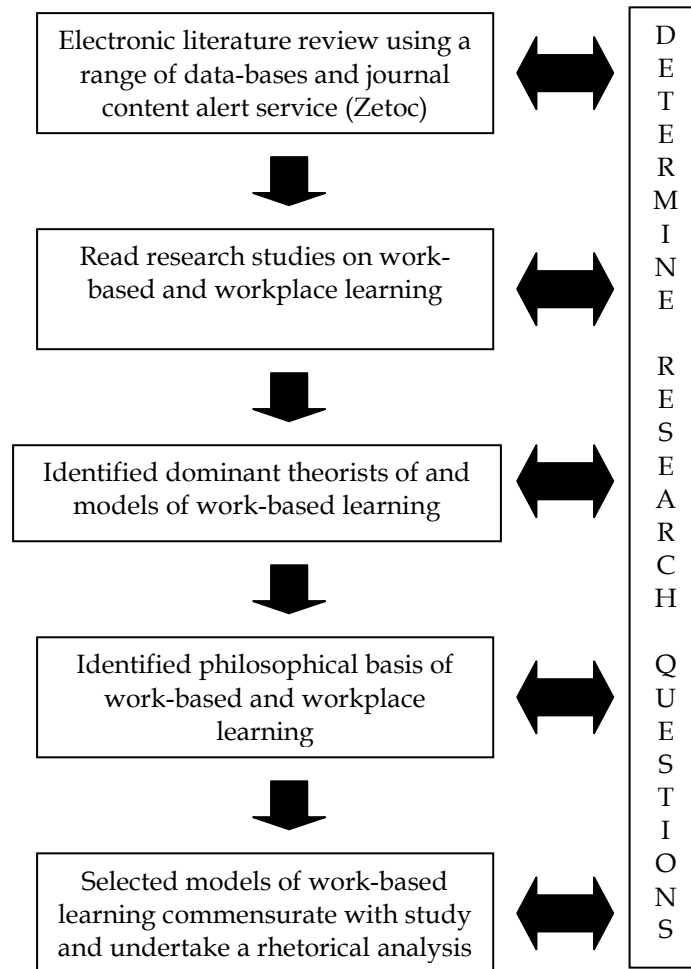
Wk no.	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
Module Title			NHS Policy and Modernisation Agenda; 12 Credits													Interdisciplinary Awareness and Team Working; 12 Credits			
	Valuing the Customer; 12 Credits (Cont)					One 12 Credit Option Module													
	Development of the Personal Progress Portfolio (Cont); 12 Credits																		

Wk no.	39	40	41	42	43	44	45	46	47	48	49	50	51	52
Module Title	Interdisciplinary Awareness and Team Working; 12 Credits												Reassessment	
	Complex Co-morbidity in Life Long Chronic Disease; 24 Credits												Reassessment	
	Development of the Personal Progress Portfolio (Cont); 12 Credits												Reassessment	

Key:

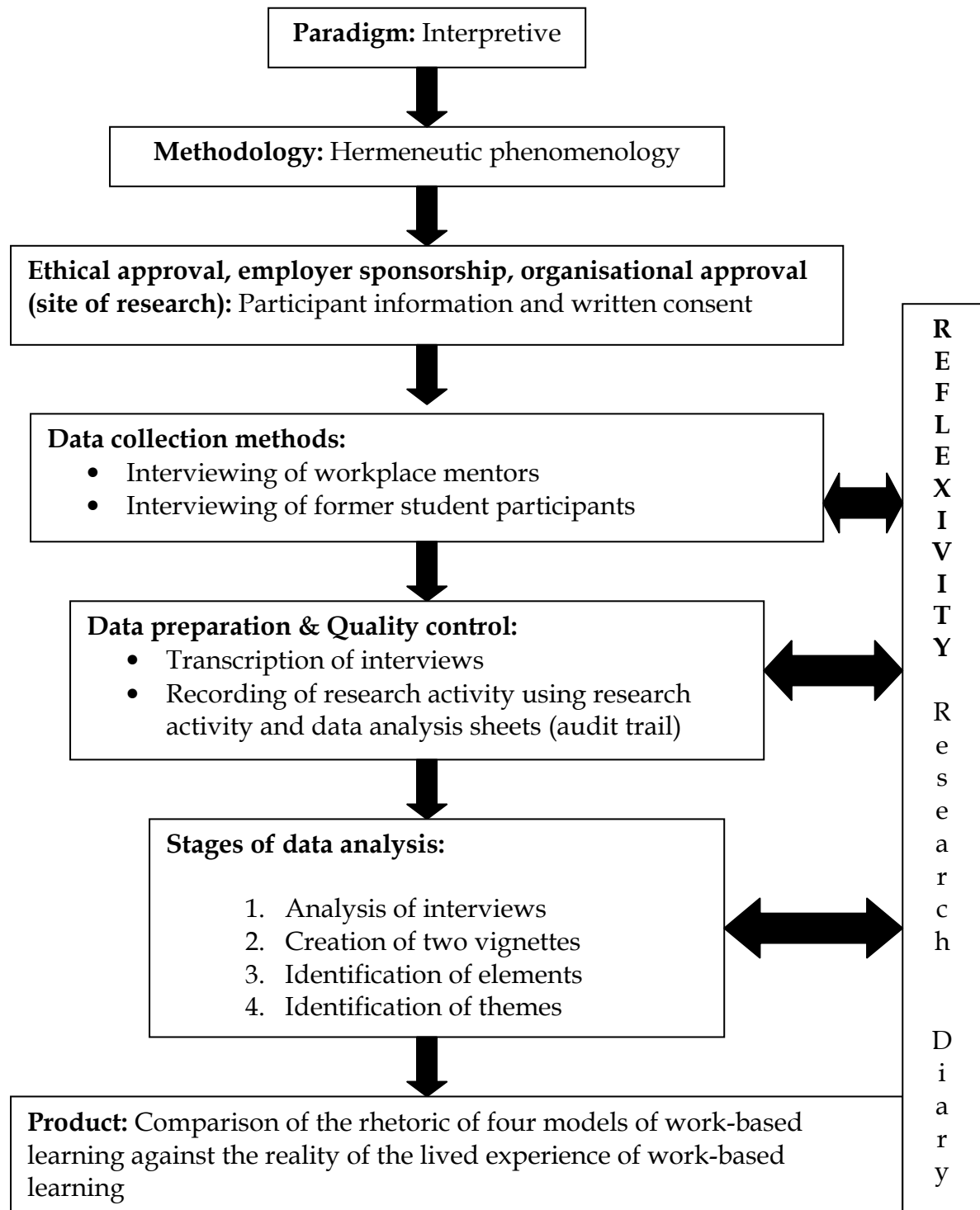
	Year Two, Level 5 – Core Modules
	Year Two, Level 5 – Pathway related Modules
	Reassessment Weeks

Appendix 3: Iterative process completed during literature review



Models of work-based learning	Appendix 4: Aspects of rhetorical analysis (based on: McCloskey, 1994)			
	Ethos: (The author's stance and appeal to morality or politics).	Gnomic present: (establishing legitimacy within a statement via a connection to others).	Tropes: (Figurative phrases e.g. metaphor or synecdoche – part representing whole).	Irony: (Saying one thing and meaning the opposite).
Lave & Wenger (1991) and Wenger (1998) Communities of Practice	'community' 'mutuality' 'guidance' 'participation' 'strategic COPs' 'transformative COPs'	Learning legitimated by its situatedness in work. Espousal of a 'learning' versus 'teaching' curriculum.	'The social world' 'domains of interest' Vignettes 'bootlegged COPs'	Aimed to 'rescue the idea of apprenticeship' Assumes that all communities and therefore the organisations in which they exist either wish, or desire to be learning places to support novices.
Billett (1996, 2001) Workplace Curriculum model	Personal accountability through an emphasis on independent and autonomous learning. 'Guided participation'	Value placed on the expertise of others and (presumably) their willingness to share and impart expertise, knowledge and skills.	'Discovery' and 'guidance' Low to high participation. Increasing complexity. Problem solving. 'Proximal' and 'distal' guidance. Indexation of knowledge.	Emphasises direct guidance from experienced co-workers.
Illeris (2004, 2011) Model of working life	'Holism' using a presentational style based on a duality (individual – social).	A fusion of two models (which presumably had lesser credibility in separation).	Work identity versus working practice. Learning dynamic. 'Community' and 'environment'.	Assumes that learning always occurs in a social fashion.
Raelin (1997, 2008) Comprehensive model of work-based learning	An appeal to educators based on theoretical tenets (the ethos is based on supportive evidence and key theorists).	Appeals to the reader through the use of multiple dualities including the 'individual' and the 'social', 'theory and practice' and the 'tacit' and the 'explicit'.	Presented diagrammatically utilising a classical geometric motif.	Role and importance of science in action and applied forms must be present and can only relate collectively to work-based learning.

Appendix 5: The research approach adopted for this study (Diagram adapted from Ajjawi, 2006, pg. 130)



Appendix 6: Table detailing suggested consequences of using alternative methodologies for this study

Epistemology	Theoretical perspective	Methodology	Methods	Suggested consequences for my own study
Objectivism	Positivism	Experimental research	Sampling	Comparison of student study pathways or cohorts of students
Subjectivism	Interpretism	Survey research	Measurement and scaling	Comparison of student's academic performance
	Symbolic interactionism	Ethnography	Questionnaire Observation (participant & non-participant) Interview	Observation of work-based learning and work-based learners
	Phenomenology Hermeneutics	Phenomenological research		Interviews with work-based learners and their workplace mentors
	Critical theory	Grounded theory Heuristic inquiry		The determination of a theory of work-based learning
	Feminism	Action research	Focus group	The determination of the nature of gender in work-based learning
	Postmodernism	Discourse analysis Feminist standpoint research	Case study Life history Narrative	A life course study of the nature and impact of work-based learning across the lifespan

Appendix 7: Demographic information relating to the seniority, age, gender (Table 1) and pseudonyms (Table 2) adopted for workplace mentor participants. The pseudonyms do not reflect the ethnicity of participants

Table 2:

Table 1:

Workplace mentor participants:		
Number of participants:	Seniority:	Gender:
x8	x2 Senior Nurses x6 Staff nurses	All female

Participant's pseudonym:	
Workplace mentor 1	Kelly
Workplace mentor 2	Francis
Workplace mentor 3	Tara
Workplace mentor 4	Manjit
Workplace mentor 5	Ellen
Workplace mentor 6	Jane
Workplace mentor 7	Sarbjit
Workplace mentor 8	Della

Appendix 8a: Tables 3 and 4 provide demographic information relating to the seniority, age, gender and pseudonyms adopted for Former Foundation degree student participants.

Table 3:

Table 4:

Former Foundation degree student participants:		
Number of participants:	Age range:	Gender:
x5	20-30yrs	x1 male x4 female
x2	30-40yrs	x2 female
x1	40-50yrs	x1 female
x3	50-60yrs	x1 male x2 female

Participant's pseudonym:	
Former student 1	Virginia
Former student 2	Ivan
Former student 3	Pritti
Former student 4	Sara
Former student 5	Perbinder
Former student 6	Tori
Former student 7	Pearl
Former student 8	James
Former student 9	Dani
Former student 10	Lizzie
Former student 11	Mel

Appendix 8: Participant letter, information sheet and consent form
(workplace Mentor& former Student):

Dear

----- 2009.

**‘A research project to understand how Foundation Degree students
have experienced being a work-based learner’**

Ref No.

I am writing to invite you to participate in a research study that I am conducting. This research is in preparation for my Doctorate in Education (EdD) course that I am studying with the Open University.

I am inviting a number of workplace Mentors who have supported students who have completed the Foundation Degree in Health & Social Care (FdSc) from ----- University, to take part in this study. Each interview will be audio recorded and analysed in order to understand what the lived experience has been of workplace Mentor's supporting a work-based learner.

In addition to interviewing workplace Mentor's this study will involve:

- Interviewing of former Foundation Degree student's: I want to understand how Foundation Degree student's (employed by the National Health Service), have experienced being a work-based learner. I intend to use the interviews to compare student's 'lived' experiences with the theory of work-based learning. In order for me to carry out this research, I intend to interview and record (using audio recording equipment) former students. A second shorter meeting will be arranged in order for the interviewee (the former student) to check that I have produced an accurate typed record (transcript) of the interview.

If you wish to take part in this study please complete the form below and return it in the stamp addressed envelope provided

If you do agree to take part in this study an appointment letter and consent form will be sent to you shortly.

Please feel free to contact me for further information on: -----.

Thank you for reading this letter.

Yours sincerely,

Mark Wareing BSc (Hons) MSc PgCert (Ed) RGN.
Doctoral Student, Open University

Yes, I would like to be interviewed and take part in this research.

Signed:.....Date:.....

Please contact me on this telephone number:.....

(Please provide a telephone number that I use to contact you during the daytime).

Information Sheet:

'A research project to understand how Foundation Degree students have experienced being a work-based learner'

Thank you for expressing an interest in this study. Here are a few 'questions and answers' relating to the above:

Q. What is the point of the research?

A. This research is being conducted for the completion of my Doctorate in Education (EdD) course with the Open University. I am interested in understanding how students who have successfully completed the Foundation Degree in Health & Social Care course experienced being a work-based learner and what particular challenges they faced. For example, I am interested in whether being a work-based learner changed the nature of your professional role, identity, practice and the perceptions of your colleagues and service users. I also intend to interview former student's workplace mentors in order to understand their lived experiences of work-based learning. However, I may not necessarily interview your mentor.

Q. How will the information be gathered?

A. With your permission, I will need to audio record the interview which will be subsequently transcribed (typed-up) onto paper. This will enable me to study each interview carefully to identify themes and common experiences amongst other students taking part in the pilot study. Your name or any person details will not be placed either on the audio recording or paper copy of the interview.

Q. How will this information be used?

A. This study is being conducted in fulfilment of my Doctorate. My findings from this study will be published in a Thesis in order to fulfil the requirements to be awarded my Doctorate. I would also anticipate publishing my final study findings in a professional educational journal and/or present at an appropriate educational conference.

Q. As a participant in this study how will my privacy be protected?

A. Please note that all your personal details and any information you wish to divulge will be treated with complete and absolute confidentiality. Nothing will be included in the study or any publication that will lead to the direct identification of you, or any other participants in the study. Therefore, you can be assured that any information that you choose to reveal about your experience (good or bad) will not affect your relationship with your employer or ----- University. You may also withdraw from this study at any time and will not be expected to give a reason for your decision. All electronic information will be stored on a computer that is password protected.

Q. What might I be asked to do before the interview?

A. If you agree to take part in this interview you will need to:

Sign the slip at the bottom of the invitation letter (which came with this sheet) and return it in the stamped addressed envelope.

Q. What might I be asked to do after the interview?

A. After the interview:

1. I will send you a copy of the transcript of your interview.
2. I will explain that it will be necessary for you to read and check that the transcript is an accurate record of the interview (at a later date). This will help me to interpret your words and comments accurately.

Q. What are the risks and benefits to me of taking part in this pilot study?

A. The risks are:

1. That you may become upset embarrassed or distressed by talking about your experiences.

B. The benefits are:

1. That you will have the opportunity to reflect and identify in your own mind how you experienced being a successful work-based learner.
2. That you will contribute to a study that if published will help to inform educationalists about students experiences of being work-based learners.

Q. How can I obtain further information?

A. If you require further information please do not hesitate to ring me on: -----
----- . I am usually available between the hours of 8:00am and 4:00pm Monday to Friday.

Q. How can I make a complaint?

A. If you wish to make a complaint you can contact the -----Trust -
----- PALS office (Tel: -----) for verbal complaints, or to Patient
Services (Tel: -----) for written complaints - addressed to:

Patient Services
-----Hospital
-----,

However, you may contact the Research & Development Department (Tel: ----
-----) at the ----- Hospital if you have any questions regarding
the research process. Questions that relate specifically to this research study
will not be able to be dealt with by this department.

Thank you for reading this information sheet.

Mark Wareing
Doctoral Student
(EdD Programme)

Dear

----- 2009.

**‘A research project to understand how Foundation Degree students
have experienced being a work-based learner’**

Ref No.

I am writing to invite you to participate in a research study that I am conducting. This research is in preparation for my Doctorate in Education (EdD) course that I am studying with the Open University.

I am inviting a number of former students who have studied and now graduated with the Foundation Degree in Health & Social Care (FdSc) from ---
----- University to take part in this study.

I want to understand how Foundation Degree student's (employed by the National Health Service), have experienced being a work-based learner. I intend to use the interviews to compare student's 'lived' experiences with the theory of work-based learning. In order for me to carry out this research, I intend to interview and record (using audio recording equipment) former students. A second shorter meeting will be arranged in order for the interviewee (the former student) to check that I have produced an accurate typed record (transcript) of the interview.

I will also be interviewing a number of workplace Mentors who have supported Foundation Degree student's throughout their studies. This interview will also be audio recorded, although I may not necessarily be interviewing someone who has been your Mentor.

If you wish to take part in this study please complete the form below and return it in the stamp addressed envelope provided

If you do agree to take part in this study an appointment letter and consent form will be sent to you shortly.

Please feel free to contact me for further information on: -----.

Thank you for reading this letter.

Yours sincerely,

Mark Wareing BSc (Hons) MSc PgCert (Ed) RGN.
Doctoral Student, Open University

Yes, I would like to be interviewed and take part in this research.

Signed:.....Date:.....

Please contact me on this telephone number:.....

(Please provide a telephone number that I use to contact you during the daytime).

Consent Form

**‘A research project to understand how Foundation Degree students
having experienced being a work-based learner’**

**Please read each statement carefully and initial in each box against the
statement that you are in agreement with.**

- I agree to be interviewed for this study that is being conducted in order to discover how Foundation Degree students have experienced being a work-based learner.

- I understand that the interview will be conducted by Mark Wareing (Postgraduate Student), and will be audio recorded and stored on computer disc for the duration of the time it takes to complete the study.

- I agree that my words and comments will be read by Mark Wareing and that I will be contacted to rearrange another meeting to check that the interview has been accurately transcribed (participant validation).

- I also understand that the findings of the study will be written-up and published in a Thesis (for academic purposes i.e. completion of EdD at the Open University), and that an article or conference paper may be written and submitted describing this study using direct quotations of comments that I may make in describing my experiences.

- I have been assured by Mark Wareing that all information that I choose to divulge will be treated with complete confidentiality and will not jeopardise my relationship with my employer or the ----- University.

- I understand that I may withdraw from this study at any time and will not be expected to give a reason for my decision and that I may request that my comments either on audio recording or on paper (transcription) will not be used for any purpose whatsoever.

- I am also entitled to a copy of the transcribed interview and will be sent a copy of any published work arising from this study.

Participants signature:.....

Date:.....

Investigators signature:.....

Date:.....

Researcher: Mark Wareing Tel: -----.

*****Please bring this form with you when you attend the interview*****

Appendix 9: Interview schedules:

Interview Schedule for Workplace Mentors: 'A research project to understand how Foundation Degree students experience being a work-based learner'

Introduction by investigator (MW) who will provide a brief explanation of:

1. Purpose of pilot research.
 2. Nature of interview.
 3. Use of audio recording for production of transcripts.
 4. Nature of data analysis and participant validation.
 5. Right of participant withdrawal if participant becomes embarrassed or upset.
 6. Assurance of complete anonymity, confidentiality and data protection.
- The investigator will retrieve the completed and signed participant consent form.

Introductory comments:

- Investigator will encourage the participant to:
 1. Describe the experience as the participant has live(d) through it, avoiding causal explanations, generalizations or abstract interpretations.
 2. Describe the experience from the inside, as it were, almost like a state of mind: the feelings, the mood, the emotions, etc.
 3. Try to focus on a particular example or incident of the object of the experience: describe specific events, an adventure, a happening, a particular experience.
 4. Focus on an example of the experience that stands out for its vividness, or as it was the first time.
 5. Attend to how the body feels, how things smell, sound(ed), etc.
 6. Avoid trying to beautify account with fancy phrases of flowery terminology.

(based on 'Suggestions for producing a lived-experience description' by van Manen, 1997)

- a) Can I ask you to describe to me what it was like to be a workplace Mentor in support of a Foundation Degree student?
 - If superficial answers, question how the following were affected: professional, clinical, team role and patient/client care; other responsibilities.
- b) Tell me about your early experiences of being a workplace Mentor to a Foundation Degree student?
 - Initial training, adjustment to new role, new course, new student.
- c) What does work-based learning mean to you?
 - Can you recall a particularly vivid Mentoring experience from your practice?
 - What made the Mentoring experience vivid, what happened, what did the student do, what impact did the incident have on practice and the nature/style of Mentorship at the time and since the incident occurred.
- e) Describe to me your feelings now that your student has successfully completed the course?

Any other comments....

Version 1.1

Interview Schedule for Workplace Mentors: ‘A research project to understand how Foundation Degree students experience being a work-based learner’

Introduction by investigator (MW) who will provide a brief explanation of:

1. Purpose of research.
 2. Ethical clearance, Trust R&D approval, sponsorship & indemnity insurance.
 3. Nature of interview.
 4. Use of audio recording for production of transcripts.
 5. Nature of data analysis and participant validation.
 6. Right of participant withdrawal if participant becomes embarrassed or upset.
 7. Assurance of complete anonymity, confidentiality and data protection.
- The investigator will retrieve the completed and signed participant consent form.

Introductory comments:

- Investigator will encourage the participant to:
 1. Describe the experience as the participant has live(d) through it, avoiding causal explanations, generalizations or abstract interpretations.
 2. Describe the experience from the inside, as it were, almost like a state of mind: the feelings, the mood, the emotions, etc.
 3. Try to focus on a particular example or incident of the object of the experience: describe specific events, an adventure, a happening, a particular experience.
 4. Focus on an example of the experience that stands out for its vividness, or as it was the first time.
 5. Attend to how the body feels, how things smell, sound(ed), etc.
 6. Avoid trying to beautify account with fancy phrases of flowery terminology.

(based on ‘Suggestions for producing a lived-experience description’ by van Manen, 1997)

1. Can I ask you to describe to me what it was like to be a workplace Mentor in support of a Foundation Degree student?
2. Tell me about your experience of being prepared for the role of a work-based Mentor.
3. What impact did becoming a workplace Mentor have on your professional and clinical role?
4. What impact did becoming a workplace Mentor have on your team role?
5. What impact did becoming a workplace Mentor have on your direct patient care?
6. Tell me about your early experiences of helping your Foundation Degree student adjust to the course and becoming a student.
7. Can you recall a particularly vivid Mentoring experience involving direct patient care?
8. What particular feelings, sounds, smells and objects were associated with that experience?
9. What impact has that experience had on your practice?
10. What impact has that experience had on your style of mentoring?
11. Tell me about the relationship that you have with your student’s workplace Assessor.
12. Can you recall a particularly vivid experience between you as a workplace Mentor and the student’s workplace Assessor?
13. How does being a workplace Mentor supporting Foundation Degree students differ from the mentorship of student nurses?
14. What does work-based learning mean to you?
15. As your student approaches the completion of the course, describe to me your feelings towards your student?
16. How would you feel about your student becoming a Mentor in support of Foundation Degree students?

Any other comments....

Version 1.2

Interview Schedule for former Students: 'A research project to understand how Foundation Degree students experience being a work-based learner'

Introduction by investigator (MW) who will provide a brief explanation of:

- 1 Purpose of pilot research.
- 2 Nature of interview.
- 3 Use of audio recording for production of transcripts.
- 4 Nature of data analysis and participant validation.
- 5 Right of participant withdrawal if participant becomes embarrassed or upset.
- 6 Assurance of complete anonymity, confidentiality and data protection.
- 7 The investigator will retrieve the completed and signed participant consent form.

Introductory comments:

- Investigator will encourage the participant to:
 - Describe the experience as the participant has live(d) through it, avoiding causal explanations, generalizations or abstract interpretations.
 - Describe the experience from the inside, as it were, almost like a state of mind: the feelings, the mood, the emotions, etc.
 - Try to focus on a particular example or incident of the object of the experience: describe specific events, an adventure, a happening, a particular experience.
 - Focus on an example of the experience that stands out for its vividness, or as it was the first time.
 - Attend to how the body feels, how things smell, sound(ed), etc.
 - Avoid trying to beautify account with fancy phrases of flowery terminology.

(based on 'Suggestions for producing a lived-experience description' by van Manen, 1997)

1. Can I ask you to describe to me what it was like to be a work-based learner?
2. If superficial answers, question how the following were affected: home and family life, social life, professional/clinical/team role.
3. Tell me about your early experiences of being a work-based learner?
4. Adjustment to new status as a student, adjustment to university life and attendance, modular learning, study time, time management, working with workplace Mentor & Assessor, etc.
5. Can you recall a vivid learning experience from your practice?
6. What made the experience vivid, what happened, if workplace
 - a. Mentor involved what did he/she do, what impact has the incident had
 - b. on practice at the time and since the incident occurred.
7. Describe to me your feelings now that you have graduated with your Foundation Degree?

Any other comments....

Version 1.1

Appendix 10: Transcript of an interview from main study - with delineated units of general meaning highlighted

Workplace Mentor 8 'Della' : 26.03.09

MW: Okay, thanks very much for agreeing to be interviewed today and you have just signed your consent form which I have just retrieved. Can I ask you first to describe to me being a workplace mentor in support of a Foundation Degree student?

WPM8: Well it was very good actually ermmm...I thought that she had more opportunities than many students do with some aspects there was disadvantages because she was a HCA on our ward before the other HCA's could get into the head that when she was a student and when she was a HCA but I think ermmm...the majority of the times we tried to accommodate her as much as possible and ermmm...I thought it was good, a good experience very much so.

MW: Tell me about your experience of being prepared for the role of the workplace mentor?

WPM8: It came to me as a bit of surprise actually, I don't think I came in until towards the end of the first year as a mentor, her original mentor had dropped out somewhere along the line so I didn't come in till late on so I wasn't given masses amount of information ermmm...but the student herself was very forthcoming with information trying to get me up to speed as to what she was at what she could do what she couldn't do but I didn't have a massive amount of paperwork from the university in relation to what she could and couldn't do I was guided a lot by her plus other mentors on the ward...

MW: What impact did becoming a workplace mentor have on your professional and clinical role would you say?

WPM8: Ermmm...I think it had a good impact I felt quite ermmm...I don't know if honoured is the right word, being asked to be a mentor and don't know why I should feel any different than having a normal student nurse on the ward why I should feel, but I did feel quite different ermmmm...but from the clinical point of view I thought it was very good because she had a very hands-on approach whether they have all got the same, whether they are all the same I don't know but she's got a very hands-on approach a very good attitude and clinically I felt good mentoring her and she was asking lots of questions and made me more aware of what I was doing and why I was doing it and going a bit more in depth into everything rather than just going through your day-to-day work as you normally do ermmm...so no it was good.

MW: What impact did becoming a workplace mentor have on your team role would you say?

WPM8: Ermmm...I don't think it had an effect on the team other than like I say other members of the team not quite getting the...I think because as well

when she was in her student role she wore the same uniform as when she was a HCA I think they found it quite difficult to get that transition but as far as the team was with myself I don't think it was vastly any different part of my role.

MW: What impact did becoming a workplace mentor have on your direct patient care?

WPM8: Errmmm...I wouldn't say any really errmm...I wouldn't say I spent any more time or any less time than when I had got the student then when I hadn't so I don't think it had a massive impact on

MW (-) were there times when you had to reorganise your care and allocation of patients...

WPM8: I don't think you get that option on here (laughs) errmmm...you are just given a group of patients and that's the group of patients you have got to deal with regardless of who you have got to work with you errmmm...I don't...I think...because she was very competent student we had I was very, I felt very good about letting her care for a wide variety of patients we have on here errmmm...there wasn't occasions when 'you can't deal with that patient because of' there wasn't really that necessity and I say the dynamics are on here that you don't get a choice of where you work regardless of who you are working with so you just get that group of patients that you deal with that really.

MW: Can you recall a particularly vivid mentoring experience involving direct patient care?

WPM8: No, not really errmmm...in what way?

MW: I was thinking a particular situation where a patient was going off or a particular incident involving a patient within a learning experience...

WPM8: (-) I can't think when -----(student) I can't think when there was an occasion when she was actually in her student role that that happened, I think there have been occasions that it's happened when she has been in a HCA role but obviously she is still a student errmmm...If I remember rightly we had a patient collapse on the main ward in the middle of the corridor and he had only just come in to have blood tests and so on and she ran to fetch things and was very, she took charge and was very competent and she wasn't in her student role and I wasn't her mentor on that particular day if you know what I mean...

MW: (-) perhaps it could have been a formative assessment type situation with a patient...

WPM8: Errmmm...yea I mean drug administration errrrmmmm....there has been several occasions when she has been very competent with knowing what the drugs are, knowing what the drugs are for errrrmmmm...knowledge

very, very competent in her knowledge so yes absolutely fabulous at that, good with dressings obviously we take pacing wires out here, obviously she hadn't taken out the wires, she took out the sutures and talked the patient through what we were going to do even though she wasn't going to be the one to actually do it errmmm...but very competent very good the patient felt really at ease and everything went according to plan...

MW: So just going back to that particular experience that you have just recounted, can you remember any particular feelings, sounds, smells or objects associated with that experience?

WPM8: Errmmm...just feeling relaxed I think errmmm...it was cool, I remember feeling quite cold...errmmm...and just feeling relaxed and you know we were happy and you know just good, I don't think there was any smells or anything...

MW: (-) any particular objects that had any significance for learning?

WPM8: Just about the wires, how they were knotted-up I allowed her to unravel them errmmm...I remember doing that and she was asking questions about where they were and where they were situated what it feels like to pull them errmmm...and what kind of things you look at afterwards, she was telling me, I was 'what do you look at?...look for afterwards if there's a problem?' she talked through what she was looking for why she was doing what she was doing...errmmm...so probably the wires I can remember her unravelling the wires and taking out the little sutures where the chest drains were and the patient felt good and it all went well.

MW: Okay...and how has that experience impacted on your practice would you say?

WPM8: Errmmm...I've had several students before from the university not obviously doing this course and I think because I am relatively newly qualified I'm still quite errmmm...open to different ways of teaching and different ways of showing people so as I go on I find that doesn't work something else will errmmm...I don't know really...what was the question again?

MW: I just wondered whether that particular experience had an impact on your practice or perhaps your style of mentoring?

WPM8: Yea...I think my style of mentoring has probably altered but I've always felt that I am quite an open person an outgoing person you know I am quite open to questions I talk as I am doing something I'll automatically go into talking about something it was just I suppose with ----- (student) it just felt a little bit more involved cause I knew her before she had gone onto that course but I don't feel that I am any different with the students that I have got now than I was with her but I think it may have altered going into her if you know what I mean I have probably come out a little bit more...

MW: Tell me about the relationship that you have had with your student's workplace assessor?

WPM8: I have never seen one...(laugh) I haven't seen one so I can't comment on....(laugh)

MW: (-) That's fine, you may not have needed to contact her...(laugh)...

WPM8: So how does being a workplace mentor supporting Foundation Degree students differ from the mentorship of student nurses?

WPM8: Ermmm... I don't whether its because I already knew her or whether its because of the experience that she already had on our ward she was already seemed above what student nurses would be doing at that level ermmm...practically, but academically errrrmmmm...she taught me through things you know the skills, excelling at everything so I think there is a different like I say but I don't because she's already got like other student nurses come in on here have not worked on here before and obviously start, feel a little bit more intimidated by everything that's going around whereas ----- (student) was like hands-in get in there and get on with it so she had a different approach which I think made me have a different approach, if they are very forthcoming and open then obviously we are different with them than when they just take a seat back and obviously you try and draw them out but its not always possible to do that so I do think there's a difference but whether its because of that experience that she's already got I don't know cause I have worked with other people that have had other students that have had experience before but that just don't seem to be as forward as she is....further on in their learning somehow, she seems to grasp things a lot better and quicker that student nurses tend to...

MW: So what does workbased learning mean to you?

WPM8: Errmmm...that you learn in the work...(laugh)...but just basically I mean as a student its 50/50 50% classroom, 50% work, to me the title says that the majority that 50/50 isn't there any more it more like 80% on the ward and 20% in learning in the classroom which I think is how they used to do it many moons ago I'm sure and was very successful then and I can't see why it won't be successful now I know they want to try nursing this professional qualification, degrees and all this business but I wouldn't say she is any further behind in having done what she's doing than doing a degree like I did I would class her as being the same level of competency as me so errmmm...I think that errmmm...I think it's a good thing having more of the teaching and practicality on the ward because I just didn't get that opportunity and when I was qualified it was so daunting working on the ward whereas ----- (student) isn't going to have that transition she will go straight into carrying on where she has left off really.

MW: And as your student approaches the end of the course, describe to me what feelings you have towards your student?

WPM8: I think she will make a fantastic nurse and I think she will be a credit to this ward you know providing they employ her on here which I think they will do ermmm...I think she is a credit for what she has achieved in such a short time I feel like she won't be any further behind then the rest of us from doing two years and doing the Foundation Degree I don't think she is going to be an lesser a nurse than we are...

MW: How would you feel about your student becoming a mentor to other Foundation Degree students?

WPM8: She would be very good, definitely she's been through it she can probably more so than me she's obviously been through it I haven't been through the same course as her and I think she would make a fantastic mentor very good at guiding them and obviously knowing more about the ins and outs what's gone on getting their head around that they have got to do more on the ward you know than your usual normal student nurses...

MW: Any other thoughts, feelings and reflections on workbased learning, Foundation Degree and the role of the Assistant Practitioner?

WPM8: Errmmm...no not really, I hope there will be more opportunities for the Foundation Degree and I hope that there is going to be jobs for them for those that go forward for it at the end because I think it's a...not a compromise for going to university and doing this but I think it opens up a lot more doors for them and a lot more people who would make fantastic nurses who won't get the opportunity to get into the university to go down that path to get the opportunity to come into the two year, I know there is the odd thing that they can't do I mean not being able to do an IV isn't the end of the world, but nursing isn't about all of that you know it's about basic care and I think I hope it opens a lot more doors for a lot more people and I just hope that its going to be recognised jobs to be there to cover it...

MW: Well thank you very much indeed...

Appendix 12: Research Activity Sheet (Audit Trail).

Participant details:	Workplace Mentor 1
Site of research:	----- Hospital
Type of data collection:	Audio recorded Interview
Anticipated number of contacts with participant:	1
Actual number of contacts with participant:	1

<u>Activity:</u>	<u>Yes/No/NA</u>	<u>Date:</u>	<u>Comments:</u>
Date of initial letter	Y	05.01.09	
Date of reminder letter	Y	28.01.09	
Contact by telephone	Y	08.02.09	
Interview	Y	16.02.09	
Post-interview Dictaphone recording	Y	16.02.09	
Post-interview research journal entry	Y	17.02.09	
Transcription	Y	16.02.09	
Quality check of transcript	Y	23.02.09	Corrected 24.02.09
Initial reading of transcript	Y	24.02.09	

Participant validation (give details)	NA		
Amendments to transcript (give details)	Y		Corrected 24.02.09
Further reading of transcript	NA		
Revision of interview schedule (give details)	Y	22.02.09	Range of questions increased to encourage more vivid recollections of learning events
Phenomenological analysis (Hycner, 1999)	Y	25.02.09	
Hermeneutic analysis			To follow

Appendix 12 – Example of data bank for element 'Role and boundaries' from interviews with Workplace Mentors.

Role and boundaries: 'she knows her boundaries'; 'leave student in charge'; 'not a qualified nurse'; 'not all other Auxiliaries can do'; 'wearing the Auxiliary uniform'; 'do everything but drugs'; 'State Enrolled Nurses'; 'different uniforms'; 'don't wear a badge'; 'Doctors not around' (**Workplace Mentor 1**).

Role and boundaries: 'with student nurses you have to look at their year and level of confidence'; 'other staff have found it difficult'; 'other HCA'S have felt they are not doing their role'; 'she used to come in on her days off'; 'been very difficult with some members of staff' (**Workplace Mentor 2**).

Role and boundaries: 'with student nurses you have to look at their year and level of confidence'; 'other staff have found it difficult'; 'other HCA'S have felt they are not doing their role'; 'she used to come in on her days off'; 'been very difficult with some members of staff' (**Workplace Mentor 3**).

Role and boundaries: 'she does feel a lot more part of the team and part of the ward that she is able to help out a lot more and it's really expanded her role. I mean hopefully she will get her band 4 here...'; 'I mean a lot of the qualified staff tend to avoid doing this patient's dressing, she did really well...'; 'obviously I'm the one with the PIN'; 'obviously it does take a lot of pressure off the qualified nurses what she is able to do and competent to do...'; 'we already know these members of staff'; 'it is a lot easier mentoring the Foundation Degree students because they have worked here for quite a while already and we know them well'; 'I had a feeling at the beginning that is it like going back to that scenario'; 'if they are coming round with you in a drug round I can't see as

that is any benefit it would actually be taking longer'; 'I've seen some of the drug calculations that they've had to do and I think Christ! You know that's like more than I remember having to do in my training' (**Workplace Mentor 4**).

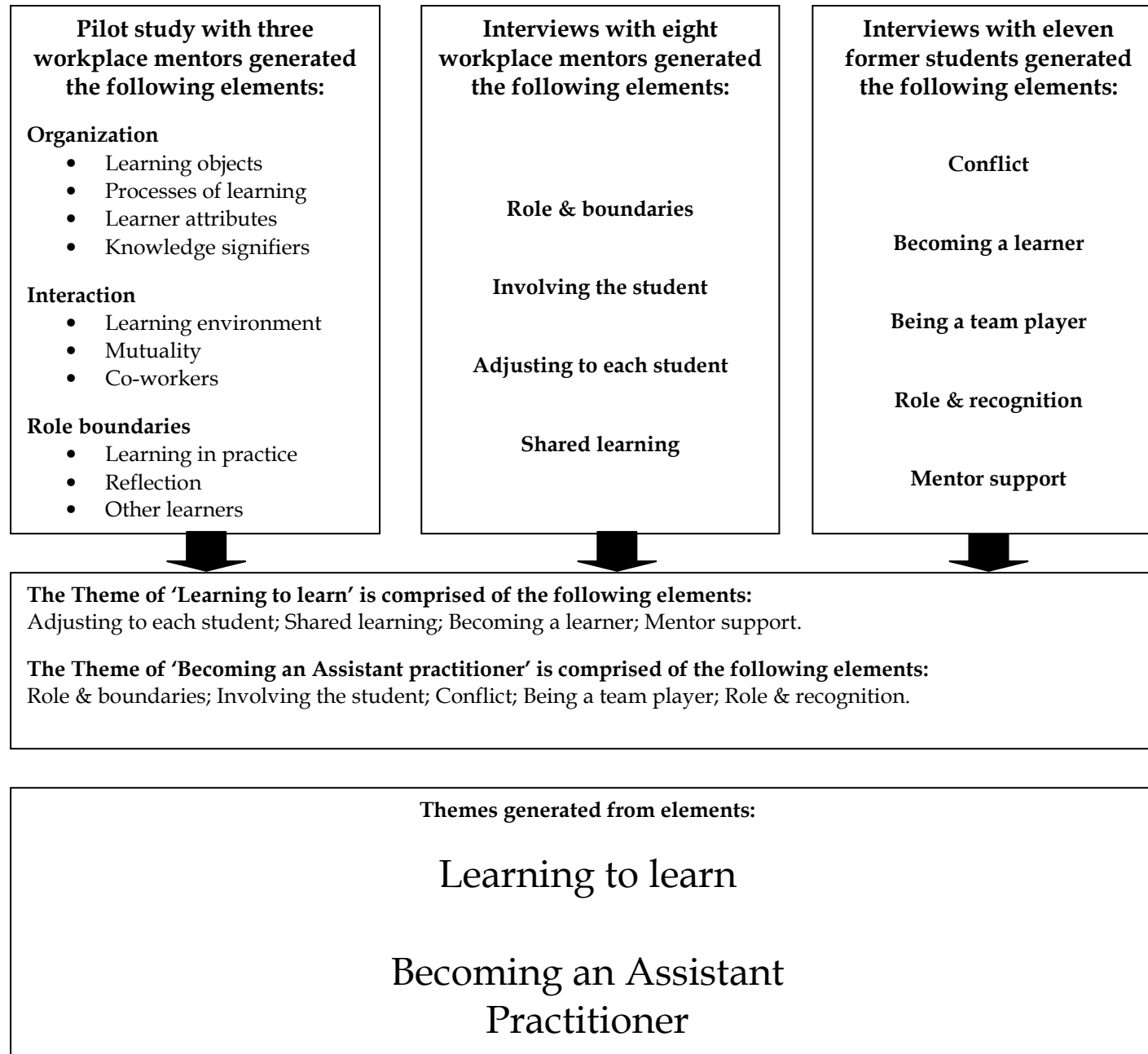
Role and boundaries: 'to see them develop their skills and work with you and learn new things was quite enjoyable'; 'they are counted in the numbers as well so they were kind of pulled off to do their A' grade jobs'; 'the assessor was kind of didn't want to be in the place where she was and moved...'; 'sometimes the assessor kind of had more of an authority figure'; 'a lot of the A' grade (XXX) have got their own experience which they have learnt upon and reflected upon'; 'even though they have been there for years they didn't understand why they were doing things'; 'these students have been doing it for a long time and didn't realise the actual reasons behind what they were doing or what their risks were' (**Workplace Mentor 6**).

Role and boundaries: she's definitely very competent now and can see her becoming a band 4 practitioner'; 'we don't have many shifts together so its getting our ward manager to get us to work together...'; 'I have been delegating to her she's become more sort of qualified in her role and that's allowed me to take on more of the team delegation role'; 'it took me away from patients a little bit because of the paperwork and you were relying on other members of staff to look after your patients'; 'my student has got more extended skills than I have in some respects'; 'the patients are not waiting for doctors so that has given me more time with the patients'; 'we had a patient who was quite poorly who was going off and we hadn't got any doctors and because my student had done her phlebotomy course she was able to take bloods'; 'they didn't have to wait and then we did the ECG together and with the patient that was quite good...'; 'the person who is our assessor now is the Sister so obviously she has taken on a bigger responsibility for the ward'; 'because they are still in their uniform they still get treated like they are Auxiliary Nurses'; 'and I don't think that all of her colleagues have appreciated how hard she has had to work'; 'maybe the ward manager's should be told or

asked to give us some time together because the time that we are supposed to meet is when you are on the ward it's very difficult to get everything done you and know we've done it outside of work' (**Workplace Mentor 7**).

Role and boundaries: 'I know there is the odd thing that they can't do I mean not being able to do an IV isn't the end of the world, but nursing isn't about all of that you know it's about basic care and I think I hope it opens a lot more doors for a lot more people'; 'there was disadvantages because she was a HCA on our ward before'; 'she was in her student role she wore the same uniform as when she was a HCA I think they found it quite difficult to get that transition'; 'you are just given a group of patients and that's the group of patients you have got to deal with regardless of who you have got to work with' (**Workplace Mentor 8**).

Appendix 13:



Appendix 14: Data Analysis – Participant Details: Workplace Mentor 1.

Phenomenological analysis – (Hycner, 1999):

1. Transcription.

Summary:

Interview transcribed and corrected accordingly. Several words missed from first attempt at transcription. Script corrected to include parenthesis and other symbols.

2. Listening to the interview for a sense of the whole.

Summary:

General impression is of a relatively short interview of a somewhat diffident participant who gave some superficial answers to questions. Referred to the 'foundation' course on occasions and didn't seem to have a great deal of insight into work based learning. I was a little concerned that the subject of Enrolled Nurses was mentioned and participant seemed to see her involvement with the student as personally advantageous. There was a sense of organisational inertia regarding the development of the Assistant practitioner role.

3. Delineating units of general meaning.

Summary:

'Privileged at first'; 'could have asked anyone'; 'we do get on'; 'good for Auxiliaries'; 'like NVQ's'; 'looks good on a CV'; 'I like looking after students'; 'more work to do'; 'working with her on shift'; 'she had to ask for advice'; 'always asked my advice'; 'she wanted to do it'; 'pleased for her'; 'complicated compared to student nurses'; 'got the Sister's post while mentoring'; 'she knows her boundaries'; 'trying to find the time'; 'leave student in charge'; 'not a qualified nurse'; 'a bit daunting really'; 'enough information'; 'been a student myself'; 'start from the basics'; 'I give her ideas'; 'picking a patient'; 'since she left school'; 'help and support'; 'got the grasp'; 'she feels confident'; 'she likes to be helpful'; 'not all other Auxiliaries can do'; 'wearing the Auxiliary uniform'; 'getting funding'; 'wants to go further'; 'get involved with other dressings'; 'bring back to the ward'; 'putting into practice'; 'having the time'; 'she won't be recognised'; 'whether the Trust will allow'; 'she will be wasted'; 'capable of carrying on'; 'do everything but drugs'; 'State Enrolled Nurses'; 'we need more'; 'a lot of workload'; 'different uniforms'; 'don't wear a badge'; 'Doctors not around';

4. Delineating units of meaning relevant to the research question.

Summary:

RQ1: 'she knows her boundaries'; 'start from the basics'; 'I give her ideas'; 'picking a patient'; 'since she left school'; 'help and support'; 'got the grasp'; 'she feels confident'; 'she likes to be helpful'; 'bring back to the ward'; 'putting into practice';
RQ2: 'working with her on shift'; 'she had to ask for advice'; 'always asked my advice';
RQ3: 'privileged at first'; 'could have asked anyone'; 'we do get on'; 'complicated compared to student nurses'; 'leave student in charge'; 'not a qualified nurse'; 'not all other Auxiliaries can do'; 'wearing the Auxiliary uniform'; 'getting funding'; 'wants to go further'; 'she won't be recognised'; 'whether the Trust will allow'; 'she will be wasted'; 'capable of carrying on'; 'do everything but drugs'; 'State Enrolled Nurses'; 'we need more'; 'a lot of workload'; 'different uniforms'; 'don't wear a badge'; 'Doctors not around';

5. Participant validation (if necessary).

Summary:

Not possible.

6. Eliminating redundancies.

Summary:

'good for Auxiliaries'; 'like NVQ's'; 'looks good on a CV'; 'got the Sister's post while mentoring'; 'a bit daunting really'; 'enough information'; 'been a student myself'; 'since she left school'; 'get involved with other dressings';

7. Clustering units of relevant meaning.

Summary:

Role & boundaries: 'she knows her boundaries'; 'leave student in charge'; 'not a qualified nurse'; 'not all other Auxiliaries can do'; 'wearing the Auxiliary uniform'; 'do everything but drugs'; State Enrolled Nurses; different uniforms'; 'don't wear a badge'; 'Doctors not around';

Objects of learning: 'picking a patient'; 'a lot of workload'

Learning & teaching: 'start from the basics'; 'I give her ideas'; complicated compared to student nurses'

Learner biography: 'since she left school'

Learner attribute: 'she likes to be helpful'; 'we do get on'; 'getting funding'; 'wants to go further'; 'she won't be recognised'; 'whether the Trust will allow'; 'she will be wasted'; 'capable of carrying on'

Signifiers of learning: 'got the grasp'; 'she feels confident'; 'we need more'

Giving: help and support'

Deployment: 'bring back to the ward'; 'putting into practice';

Situations: 'working with her on shift'

8. Determining themes from clusters of meaning.

Summary:

Role boundaries

Learning objects

Processes of learning

Learner attributes

Knowledge signifiers

9. Writing a summary for each individual interview.

Summary:

This interview has generated five themes associated with professional role, context and status of the learner, the personal attitudes and attributes of the student, the role of the mentor and what he/she is prepared to give while realising that concurrent changes are common to the mentor and signifiers that relate to when knowledge has been absorbed and how and when it is deployed in the practice setting.

10. Return to the participant with the summary and themes (conducting a second interview (applies to former students only)).

Summary:

Not applicable to this data set.

11. Modifying themes and summary.

Summary:

To follow

12. Identifying general and unique themes for all the interviews

Summary:

To follow

13. Contextualization of themes.

Summary:

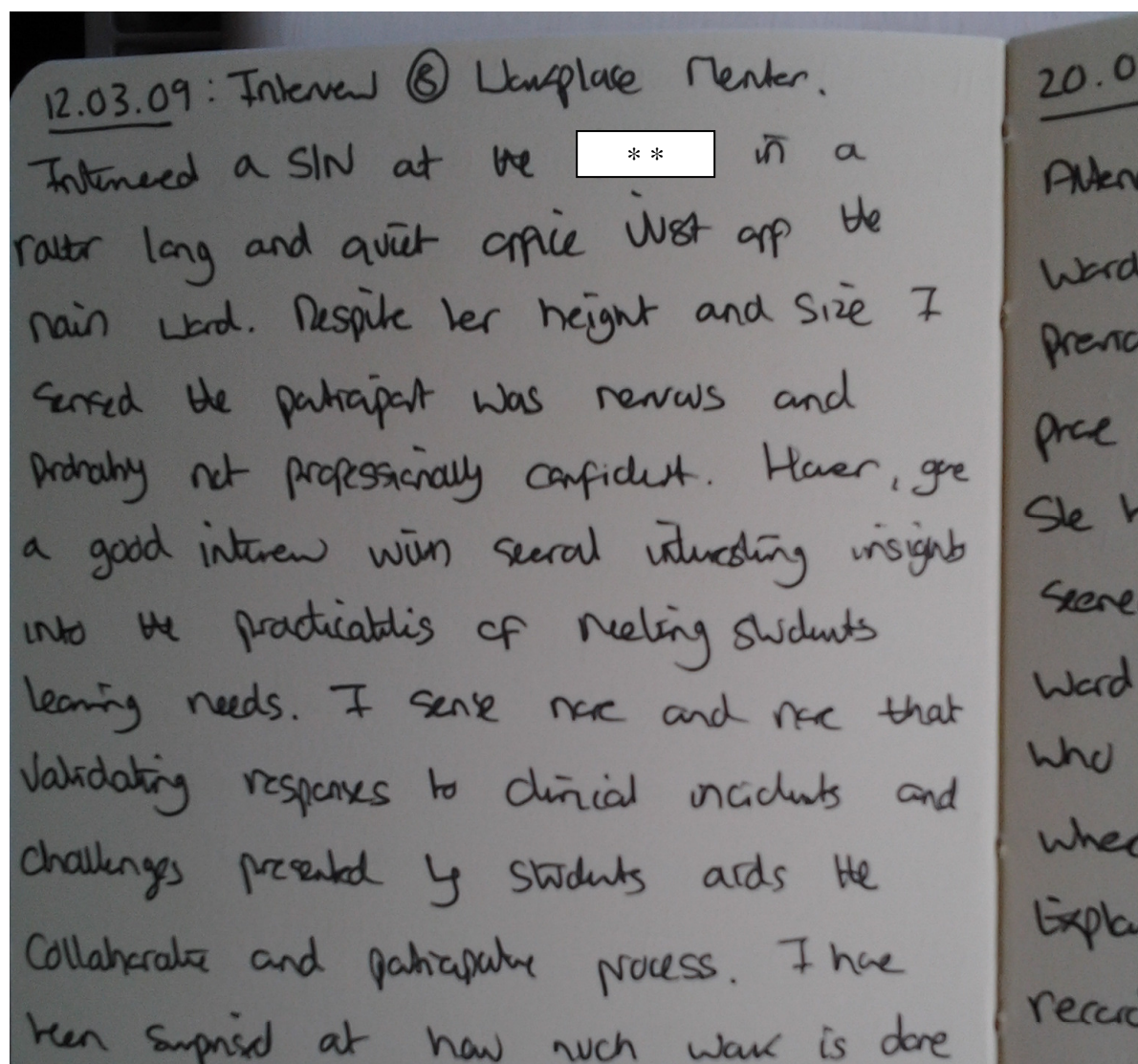
To follow

14. Composite summary.

Summary:

To follow

Appendix 15: Example of entry from reflective diary: Interview 8 Workplace mentor (12.03.09).



12.03.09: Interview 8 Workplace mentor.

*Interviewed a staff nurse at the ** Hospital in a rather long and quiet office just off the main ward. Despite her height and size I sensed the participant was nervous and probably not professionally confident. However, a good interview with several interesting insights into the practicalities of meeting students learning needs. I sense more and more that validating responses to clinical incidents and challenges presented by students aids the collaborative and participative process. I have been surprised at how much work is done with students by mentors outside of work. Whether this presents a social opportunity or aids the learning process by being less formal, I don't know. I sense that it is a pragmatic response.*

